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ABSTRACT

The Quo Vadis School of Nursing, established in 1964, offers a two year program which prepares candidates to qualify as Registered Nurses; the unique feature of the school is that it accepts only mature students--between 30 and 50 years of age. The research program of the School was intended as a 10-year study with special emphasis on this unique feature. This interim report covers the time from the establishment of the School until the graduation of the third class; it consists of a review of research design and methods, a summary of findings and of implications, and a detailed summary of findings of a questionnaire designed to study problems of adjustment. Students who had been highly mobile were found not to adjust to the school as expected. Age was the least significant variable studied; and marital status seems to be a crucial variable. Those students who had had post-secondary education in the area of health (excluding nursing) adjusted well and were self confident. The middle I.Q. group adjusted better than the low or the high. A large group of the students lacked self confidence even into their professional experience. (EB)

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nurses come lately

The first five years of the Quo Vadis School of Nursing

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Contents

INTRODUCTION iv

Part I: GENERAL FINDINGS
Report of the Coordinator of Research

Research Design 2
Inquiries and Applications 3
Students and Program 6
The Graduates 16
The Independent School 21
The Implications 21

Part II: DETAILS OF RESEARCH FINDINGS
Report on Quantitative Research

Social Characteristics of the Students 24
The First Year of Training 25
The Second Year of Training 29
After Graduation, First Year 31
Self-Evaluation After the First Year of Nursing 33
Second Year in the Work World 34
Rating of Performance 36
Dynamics of the Educational Process 40
Discussion 42

Appendices

A. Why "Quo Vadis"? 46
B. The Planning Committee 46
C. Psychological Tests 47

Introduction

The Quo Vadis School of Nursing, established in 1964, offers a two year program which prepares candidates to write the registration examinations of the College of Nurses of Ontario and to qualify as professional Registered Nurses.

The School is independent and non-sectarian, with authority and responsibility vested in a Board of Directors. It is financially supported by the Ontario Hospital Services Commission.

The unique feature of the School is its policy of accepting only mature students – those who are over thirty and under fifty years of age -- who have academic qualifications for admission to schools of nursing in Ontario, who have satisfied an Admissions Committee that they are personally suitable and who have made adequate plans to undertake the program.

The research program of the School was started informally in November 1963 and formally in March 1964. The School was established in March 1964 and the first class was enrolled in September of that year. The research was intended to be a ten-year study of many phases of the development of the School with particular emphasis on its unique feature of accepting only candidates of mature years. This longitudinal approach was to emphasize the process of selection of students, the progress of students through the School and their performance as graduate nurses, rather than such detail as curriculum development. Because the members of the first class would not begin to work as nurses before the fall of 1966, it was recognized that no valid assessment could be made of work performance (and thus ultimately the success of the School) until the graduates had been eligible for employment as nurses for a reasonable period of time beyond that.

While it has not proved possible to obtain specific information regarding the length of time young graduates stay in nursing, it is generally believed that a large proportion of them cease active nursing after about three years. Taking this as a criterion, the relative contribution of the Quo Vadis graduates could only begin to be assessed in 1969, three years after the first graduation. Moreover, the first class was small in number, so that even by 1969, only 27 graduates could have been working three years. By 1974, on the other hand, ten years after the enrollment of the first class, the total number of graduates could be about 350, of whom 250 would have been registered nurses for three years or more. This would be a sufficiently large number to permit a valid assessment of their contribution to nursing.

With a ten-year study in mind, the first three years were devoted to the design and testing of record forms which would yield, over a long period of time, the data on which an assessment could be based. It was assumed that by 1969, the half-way point in the study, an interim report could be prepared which would present an initial analysis of the data collected. By that time three classes would have graduated and entered the world of nursing, so that some first impressions could be recorded and the systems for collecting information about work performance could be evaluated and firmly established.

This, then, was originally intended to be an interim report. It covers the period of time from the establishment of the School until the graduation of the third class of students. It consists of a review of research design and methods, a summary of the findings based on initial analysis of some of the data, and a summary of the implications of the findings. These are all in Part I of the report. Part II is a detailed summary of the findings of a questionnaire designed to study problems of adjustment. This section was completed by Dr. R. A. Lucas of the Sociology Department of the University of Toronto, who was a consultant to the research program from the early days of the School's existence.

Because of the curtailment of the study, the information obtained is much more narrowly based than it would have been if the original plans could have been followed through.

Presumably all research has some kind of bias since no human being can ever be completely objective. Certainly, I can never be completely objective about the Quo Vadis School of Nursing. While I have written this report as objectively as possible and have based it upon systematically collected hard facts, it is probably fair to make the reader aware of the reasons for any bias he may detect and allow him to make judgements based on this awareness.

My interest in nursing dates from the fall of 1962, when I undertook to organize a study of the future of nursing education offered by Catholic hospitals in Ontario. I was not to do the study myself but to provide the organizational framework within which the nurses and their colleagues in the hospital schools would assess the role of their institutions. The study took place under the aegis of the Committee on Nursing Service and Nursing Education of the Catholic Hospital Conference of Ontario. At our first meeting the agenda bore a questioning phrase at the bottom of the page: "Quo Vadis?" [1]

This suggested that the study be called the Quo Vadis Project and it rapidly became known by that name.

About six months later, in March 1963, I suggested that one problem they were discussing could be solved by the establishment of a separate school of nursing exclusively for adult women. I pursued the notion informally with a number of people, primarily the then-Director of St. Joseph's Hospital School of Nursing, the Reverend Sister Marion, who was also the chairman of the Quo Vadis Project, and with the Director of St. Michael's Hospital School of Nursing, Reverend Sister Francis de Sales. Gradually

[1] See Appendix A.

the idea grew and more people became interested and supported the proposal. By September I was able to recruit a committee under the chairmanship of Monsignor John O'Mara who was active in both the Quo Vadis Project Committee and the Ontario Hospital Services Commission. It was this planning committee[2] which eventually became the Board of Directors of the Quo Vadis School. Its membership included Mrs. Abbyann Lynch, Ph.D., who some months later was elected chairman of the board, a position which she still retains.

During September and October of 1963 I drafted proposals and either discussed them, or arranged for them to be discussed, with the Mother General of the religious community of the Sisters of St. Joseph; with Miss Gladys Sharpe, Chief Nursing Consultant of the Ontario Hospital Services Commission; Miss Jean Watt, Director of the newly founded College of Nurses of Ontario, and with Miss Dorothy Riddell of the Nursing Branch of the Ontario Department of Health. This resulted in approval in principle from the organizations represented by these individuals, and the committee was able to make a direct request to St. Joseph's Hospital and their School of Nursing. The acceptance of the latter and their support of the idea marked the first concrete step towards achieving our goal.

During these weeks I was also able to enlist the enthusiastic support and advice of such individuals as Miss Marion Royce, then Director of the Women's Bureau of the Federal Department of Labour; Miss Dorothy Percy of the Federal Department of Health; Miss Carol Adams and Miss Laura Barr of the Registered Nurses Asociation of Ontario; Rev. P. Riffel and Mr. Richard Shooter[3] of the Psychological Services Department of St. Michael's Hospital; Dr. O. Hall and Dr. R. A. Lucas of the University of Toronto's Department of Sociology; Dr. Alan Thomas, Director of the Canadian Association for Adult Education; Dr. Peter Siegle of the Center for the Study of Liberal Education for Adults at Boston University, and Mrs. Jean Good of the Ontario Society on Aging. The enthusiasm of these and other friends and associates gave a momentum to the concept which could not otherwise have been achieved.

As secretary to the planning committee, I interviewed Miss Margaret Mackenzie and after consultation with Sister Marion recommended that she be appointed Director. Previously we had interviewed Miss Therese Maurice and also recommended that she join the staff. Miss Mackenzie became Director in March 1964 and Miss Maurice, now Assistant Director, joined the staff at the same time. The appointment of these two able women did much to ensure the success of the institution.

When the School was formally established I became Co-ordinator of Research and Counselling Services and as such, working with the Director, Miss Mackenzie, organized the research program and the curriculum-planning seminar; developed procedural systems and selection procedures; interviewed all prospective candidates and carried out a public relations function. These tasks, in addition to counselling, preparation of progress reports, and some miscellaneous administrative functions, were carried until June of 1966, when I took leave of absence for two years after arranging for a research technician, Mrs. Pennie Kistner, to continue to collect data. Mrs. Kistner and her able assistant, Mrs. Pat Baird, proved invaluable aides during these months. This report is extensively based on their careful work.

Between June 1966 and April 1968 I supervised research activities and in consultation with Dr. R. A. Lucas completed annual progress reports and made preparations for the collection of information for the final report.* I returned to the School in April to undertake a comprehensive report on its development. This was intended to be a six-months part-time undertaking culminating in March 1969. Budget restrictions necessitated limiting it to three months; this report is the result.

Thus, I have been personally and intimately involved from the beginning or – if the expression might be used – before the beginning. The success of the School so far has been a source of considerable personal gratification. That its development bears the stamp of the dedicated work of so many able individuals (perhaps that of Miss Mackenzie more than any other) whom I personally involved enhances this gratification.

This, then, is the source of any bias that may appear in this report. Facts, however, speak for themselves and the success of the School is judged by the facts. For the rest, while the advice and suggestions of the staff and the consultants have been elicited and acted upon, the observations and conclusions are my own.

I want, however, to express my appreciation to all those named above, as well as many others, particularly the students, their supervisors and the School staff, for their assistance both in the development of the idea of Quo Vadis and in the preparation of this report. I hope they and their successors will continue their efforts to develop and expand the School to increase the supply of professional nurses and provide a special opportunity for an increasing number of mature and capable women to develop their talents.

CATHERINE D. McLEAN, M.S.W.
Co-ordinator of Research
March 31, 1969

[2] See Appendix B, for the names of all members of the Planning Committee.

[3] Mr. Shooter subsequently joined the School staff on a part-time basis. He supervised the testing parts of the Selection Program, interviewed many potential candidates, participated in the selection process, lectured in Psychology and counselled several students. From 1964 until 1969 he was an invaluable member of the administrative staff.

* A. Himelfarb was research assistant to Dr. Lucas.

Part I:
General Findings

Report of the Co-ordinator of Research

Research Design

The original design of the research has undergone some refinement as the School has developed and as experience has been gained. Three main goals were stated initially. These, in summary, were:

a) to assess the recruitment potential for the school,
b) to assess the teaching and counselling methods appropriate to a School of Nursing for adults, and
c) to assess the work performance of the graduates.

The most significant refinement of these goals was in the first area, namely, recruitment. It soon became obvious that the School was attracting (as it has continued to do) sufficiently large numbers of qualified candidates to make an active recruitment program unnecessary. The research program has, therefore, been devoted less to an assessment of recruitment procedures and more to an attempt to identify those candidates to whom preference should be given in the selection process. These would, in effect, be the students 'most likely to succeed' both as undergraduates and as graduates.

The second refinement has been in the assessment of teaching and counselling methods appropriate to a nursing school for adult students. As part of the research program, consultations were held with adult education experts in advance of the opening of the School.[1] Guide-lines were drawn up and subsequently used as the basis of the overall approach to the design of the program. The attitudes of the students, and the fact that such a large proportion of them stay in the School, provide evidence that the methods have been generally appropriate. Many students, however, do encounter difficulties in adjusting to the program and so the emphasis in the research shifted towards an identification of such difficulties, their source, and ways of alleviating them. Otherwise, the goals of the research program remained unchanged.

Research Methods

The sources of data on which the research is based were set up in a form consistent with a longitudinal study. They are the following:

1. A record of inquiries, indicating their flow and volume and serving as a check against re-application;
2. An application form designed to elicit information such as the following about candidates:
   place and date of birth; place of residence at time of application; citizenship; changes in place of residence; formal, informal and nursing education; hobbies; parents' education and employment record; personal employment record; health record; marital status; husband or wife's education and employment; income of self and spouse; ages of children, plans for the care of children; language skill; obstacles to enrollment;
3. A process record indicating details of application, enrollment, graduation;
4. Psychological testing records;
5. Academic records, including marks in examinations and staff evaluations of clinical practice;
6. Records of hours of individual counselling, of types of problems, rates of absenteeism, leaves of absence, withdrawals;
7. A questionnaire designed to elicit first year students' evaluations of their adjustment to the School and their views of the program, administered to students at the end of their first year and returned anonymously to Department of Sociology of the University of Toronto for analysis;
8. Results of the N.L.N. tests (quivalent to the Registration examinations distributed by the U.S. National League of Nurses and given to the students several weeks in advance of their registration examinations);
9. A questionnaire designed to elicit second year students' evaluation of the program (basically similar to that given to first year students);
10. Results of the provincial registration examinations;
11. A questionnaire designed to obtain graduates' evaluation of themselves and their first jobs administered seven to eight months after graduation and again eighteen months after graduation;
12. Questionnaires distributed to young graduates from two other schools of nursing designed to elicit comparable information about their first jobs;
13. Questionnaires to Directors of Nursing Service and Head Nurses or Supervisors to whom graduates report, distributed eighteen months after the first graduation and eight months after the second;
14. Unstructured interviews conducted by the author with applicants, students, graduates and staff;
15. Details regarding graduates' employment records;
16. Review of relevant literature on nursing, adult education and the changing roles of women.

Information based on all these sources has been and is being recorded and tabulated. It is now possible to tell a great deal about the career lines, over a period of four years, of some twenty-seven women who have graduated from the Quo Vadis School; of an additional twenty-eight women over a period of three years; and so on. In addition there is a great deal of information available about all of the applicants, even more information about all of those who have been tested, and an extensive amount about those who have been enrolled.

[1] The School is particularly indebted to Dr. Alan Thomas, Director of the Canadian Association for Adult Education, and Mrs. Isobel Wilson of the C.A.A.E. staff for their support and guidance at that time and throughout the development of the School. Dr. Peter Siegle of the Center for the Study of Liberal Education for Adults in Boston also made a number of significant contributions through consultation with staff and students on a number of occasions.

The research program is not only yielding data on which policy decisions have been and can continue to be made, but it has also, by designing forms and establishing procedures for research purposes, provided the School with record forms which will continue to supply basic information needed for administrative purposes. During the first four years, moreover, test procedures used to select candidates, established and paid for by the research program, demonstrated their worth and became a part of the School's standard operational procedures and costs.

Observations

The tabulation of data based on the sources outlined above was limited by a reduction in the funds allocated for research in the year beginning April 1st, 1968. The questions still unanswered as a result of these limitations on the time and on the resources available for tabulation and analysis are interspersed among comments about initial findings.

SECTION A

INQUIRIES AND APPLICATIONS

INQUIRIES

Between March 1st, 1964 and December 31, 1968, 3880 inquiries were received by telephone, letter or personal interview. Peak periods of inquiry coincide with publicity about such events as graduations. Magazine articles such as those appearing in *Life* and *Readers Digest* provoked particularly significant increases in numbers.

The proposal to establish the School was made public in November 1963. From then there was a steadily increasing amount of publicity in all sectors of the mass media. Those presumably reaching the largest audience were articles in the *Life* magazine issue of July 1965, and in *Readers Digest,* September 1967. On the other hand the event which provoked the largest response of all was the publicity in the Toronto newspapers attendant upon the first graduation in September 1966. Another important avenue of publicity was a documentary film about the School, produced by the National Film Board in 1965 under the title "Experienced Hands." The School's administration has suffered from a somewhat ambivalent attitude towards publicity. On the one hand it wanted to encourage inquiries and community support, and on the other hand it was ill-equipped to handle the resulting volume of inquiries. Moreover, the students felt they were put under the spotlight too frequently.

As the School has become better known and particularly since the graduates have been working, the general qualifications of those inquiring has increased significantly; more people who are aware of and meet the requirements of the School now apply than was previously the case. Correspondingly, fewer inquiries are now received from candidates who do not have the academic requirements or who have unrealistic ideas about the School's program or about their ability to complete it.

APPLICATIONS AND ENROLLMENTS

Of the 3880 who inquired about the program, 948 had made formal application by December 31, 1968. Including the class entering in 1968, a total of 203 students have been enrolled in the School since its inception. This 203 is less than half of the 439 who participated in the School's Selection Program.

Sex

Applications come mainly from women; only seven men had applied by December 31, 1968. Four men have been enrolled and one of them graduated with the 1968 class. This is consistent with the fact that in North America nursing has been traditionally regarded as women's work. While no special effort has been made to recruit men, their applications have received the same consideration as those of women since 1965. The first year male applicants were not accepted because of administrative problems.

Age

The School's policy has been to limit enrollment to candidates over thirty and under fifty years of age and to make exceptions to this only by special permission of the Board. Decisions are based upon the individual's needs and her circumstances at the time of application. Approximately 13% of the applicants are not within the prescribed age range; further analysis of the data could indicate whether or not the proportion of such candidates has increased. The average age of applicants may be slightly lower than that of the students, but both averages are about 41 years.

Marital Status

About half of the candidates are married women who live with their husbands and approximately 28% are single women, including members of religious communities. The balance is made up of women who are widowed, divorced or separated.

A preliminary analysis of data suggests that the number of candidates who are or have been married but who are not living with their husbands at the time of application is increasing.

Employment

The proportion of candidates with previous employment experience has been very high throughout. Only about 3% have never worked before, and some 75% are working – mostly full-time – at the time of application. Of those who have worked, about half have been employed in the health field, generally as nursing assistants of one kind or another. Recent data suggest that there is a decrease in the numbers who have been so employed.

Education

Most candidates are high school graduates. Since Grade 12 is required for admission, this is to be expected. While there

have been and continue to be candidates with educational levels beyond that, there seems to be no significant increase in their numbers.

There has been, from the beginning, a very large number of candidates who have had some previous nursing education or training. As with employment in nursing, the number of such candidates seems to be decreasing. One immediately obvious reason is that originally many candidates had been trained as R.N.A.s (Registered Nursing Assistants). The R.N.A. schools now refer qualified candidates to the Quo Vadis School.

There is also some evidence of an increase in the number of candidates who have had experience as volunteers in hospitals and health agencies.

Birthplace, Citizenship and Place of Residence

The applicants to the School are mainly Canadian by birth or Canadian citizens by naturalization. Most of them reside in Ontario, particularly in Metropolitan Toronto. The growing reputation of the School outside of this country has resulted in an increase in applications from the United States and other countries. Such candidates are accepted only in very special cases.[2]

In 1958 an American study of nursing[3] suggested that "wherever data are available they lead to the conclusion that graduate nurses are primarily native Americans." In this context it is interesting to note that of 576 applicants to Quo Vadis, 213 (or 37%) were born outside of Canada and that of 57 graduates of Quo Vadis, 14 (or 25%) were foreign born. Only about 10% of these were born in the United Kingdom. The remainder are predominantly European-born.

In a study of the sociological factors affecting nursing[4] R. Robson does not present comparable information because he does not refer to the birthplace of girls who chose nursing. However, he does note that nursing is chosen by girls with fathers of all national origins although those whose fathers came from Great Britain choose nursing less frequently than others.

Family Background

Although the data are very limited, it appears that about 24% of applicants come from families where the father's occupation was in the skilled or semi-skilled category. The remainder include a relatively high proportion of farmers (12%); and otherwise are fairly evenly divided among categories such as professional, proprietor and clerical (7-8%), and managerial and unskilled (4% each).

It is also apparent that most candidates received their basic formal education in either very small (population under 20,000) communities or very large ones (60,000 and up); very few were educated in medium-sized towns or cities.

Of some possible significance also is the fact that a large proportion of the applicants' mothers have worked outside their homes. Again, data are not complete on this item.

The Formal Selection Program

Nearly half of those who have submitted applications have taken part in the formal selection program of the School. This is a vital part of the Quo Vadis School of Nursing. Strong emphasis is placed on the selection of students, and the process received careful thought before selection began.

1. The decision to invite an applicant to participate in the selection program is made following receipt of the application form. Those who appear to meet the academic qualifications and whose home situations present no obvious obstacles are invited to take part in the selection program and are advised that this is mandatory for all candidates.
2. A ten dollar ($10.00) fee is required and the candidate is advised that this is not refundable and does not guarantee admission to the School. This fee is charged to help eliminate frivolous applications, but covers only about one-third of the actual cost of administering the program.
3. The program itself is under the general supervision of a psychologist.[5] It requires nearly all day and is usually scheduled for a Saturday. Candidates complete four written tests, beginning at 9.00 a.m. and – with an hour for lunch – finishing about 4.00 p.m.
4. Prior to or following the writing of the test, candidates are personally interviewed by the Director and/or the Psychologist or another staff member.
5. The Psychologist, having assessed the results of the test material and the personal interview, meets with the Director and members of the Admissions Committee in order to present these results.
6. Final decisions are then made, based on all the available information. Subsequent interviews may be required to confirm test results.

The test results are not discussed with the candidates except in very general terms or as a basis for further inquiries. An example of this would be English Comprehension. Unsatisfactory performance in this area may require further examination and sometimes delayed acceptance until the candidate is better able to read, write and understand English.

During the four years between March 1964 and March 1968, 410 candidates participated with the following results:

Accepted and enrolled	153	(38%)
Accepted, but enrollment deferred by the School or the applicant for various reasons	165	(40%)
Not accepted	92	(22%)

Reasons for not accepting candidates are varied, but basically represent a consensus by staff – and usually the applicant – that the candidate is not suitable for the School's program. It may be because test and interview results suggest that the applicant would find the program too difficult

[2] There is no comparable school anywhere at this time. However, the Quo Vadis School is becoming well known and receives many inquiries from institutions as well as individuals.

[3] Hughes, E. C., Hughes, H. and Deutscher, I., *Twenty Thousand Nurses Tell Their Story*, J. B. Lippincott Company, 1958, page 29.

[4] Robson, R. A. H., *Sociological Factors Affecting Recruitment into the Nursing Profession*, Royal Commission on Health Services, Queen's Printer, Ottawa, 1967, page 59.

[5] See Appendic C.

academically, or that her motivation is not strong enough to withstand the inevitable pressures. It may also be that her home situation is such that there is not sufficient assurance she could successfully cope with the demands of the course. Some of the most difficult decisions are ones relating to personality factors which raise doubts concerning a candidate's acceptability. But they are all carefully made and as much assistance as possible is given to those rejected to help them accept the decision and make alternative plans.

In this connection there is an interesting comparison with selection policies of traditional schools of nursing where the proportion rejected for personality reasons is extremely small, only about 3.5%.[6] The Quo Vadis School of Nursing, in contrast, rejects approximately 14% for this reason alone. One reason for this is that personality characteristics of adults tend to be less amenable to change than those of younger persons.

Sources of Referral

In the first year or two most candidates heard about the School through news stories of various kinds. Only about 6% were referred by agencies or through personal contacts. By 1967 over 1/3 of the candidates applied to the School as a result of recommendations by professional nurses' associations, hospitals and agencies of various sorts or by personal contacts. Since 1966, an increasing number of people have made application as a direct result of the recommendation of a graduate. It might be said that the School is rapidly gaining 'institutional respectability.' As mentioned above, for example, many candidates who were previously enrolled in R.N.A. schools are now referred to the Quo Vadis School.

Obstacles to enrollment of acceptable candidates

The main obstacles to enrollment have been the following:

a) inability to meet the formal academic eligibility requirements;
b) inadequate financial resources;
c) living too far from the School;
d) negative attitudes about ability to complete the program.

These are frequently overlapping. Thus an applicant living a long distance from the School could enroll if she could afford a car. A candidate with responsibility for the care of a sick or aging parent could enroll if she lived close to the School; or family responsibilities could be handled if the applicant had more confidence in her ability to complete the course successfully.

With the introduction of student loan programs in 1965, some of the financial problems have been resolved[7] and with the introduction in August 1967 by the College of Nurses of Ontario of a maturity clause, the problems of academic eligibility have also been eased considerably. When the School was established, candidates had to meet the standard academic requirement for admission to all schools of nursing in Ontario. This consisted of the equivalent of an Ontario 4-option Grade XII diploma, one option of which had to be in Science – specifically Grade XI Physics and Grade XII Chemistry. Many otherwise eligible candidates for Quo Vadis were, therefore, prohibited from enrolling. The maturity clause now in effect requires candidates over 25 years to have only a Grade XII Diploma. This has enormously increased the number of eligible candidates, although there are still many who would be admitted to the School if even more latitude were allowed. The significance of the effect of the maturity clause can be noted for the first time in the 1968 enrollment where the proportion of those not eligible under previous regulations amounted to 40% of the enrollment.

With the construction in 1968 of a school building on the premises of Queensway Hospital in Metropolitan Toronto's west end, many problems have been eased, but geographical barriers to enrollment have been changed rather than resolved. For some it may be easier to travel to the School; for others it is undoubtedly more difficult.

Candidates' doubts regarding their ability to complete the course are less frequent now since a substantial number of people have successfully completed the two-year program and passed the registration examinations. Supportive counselling frequently, if not always, resolves that particular deterrent.[8]

Time Lapse between Application and Enrollment

It is becoming increasingly evident that many candidates apply to the School but delay pursuing their formal application for some time. Thus, the class of 50 students enrolled in 1968 included 3 who applied in 1964, 17 who applied in 1966, 27 who applied in 1967 and only 3 who applied in 1968. The class of 41 students enrolled in 1967 included 4 who applied in 1964, 4 who applied in 1965, 19 who applied in 1966 and 14 who applied in 1967.

There are many reasons for delay, both intentional and unintentional. It may be because of the need to take courses, or to save money, or to arrange a move nearer the School or to wait until children are older. Thus each successive class has included candidates who first applied as long as four years previously. This suggests that long-term career planning is beginning to emerge among mature women and also reflects the School's increasing tendency to suggest a period of preparation for enrollment. Experience has shown that preparation over a period of at least one year eases many problems which would otherwise arise. Detailed information about such candidates must await the analysis of present and the accumulation of future data.

The study carried out by the Royal Commission on Health Services suggests that most girls who want to enter the nursing profession do, in fact, enter nursing schools.[9] It is interesting, therefore, that a very large proportion of applicants to Quo Vadis state in their application that they always wanted to be nurses, and also that about half of them have had some formal contact with nursing. A large number enrolled in but did not complete diploma programs; many

[6] Robson, R. A. H., *Sociological Factors Affecting Recruitment into the Nursing Profession*, page 117.
[7] Students in this School are not presently eligible for federal manpower retraining grants because of the length of the program.
[8] Counselling does not always end with graduation. Many graduates turn to the School for continuing assistance, particularly during their first few months. In a letter to the Director, one of the graduates said, "You have so many students to think about now you will have stopped worrying about us, but I do hope you will always be there to give us advice from time to time – just as in the old days."
[9] *Ibid.*, page 119.

others took nursing assistant or similar programs and a great many worked as nurses' aides. This suggests that there are many in this age group who did not, in fact, attain their desire when they completed their secondary education.

The reasons are many. Some state that their parents did not want them to go to nursing school. Others who were too young and started work while waiting until they reached the prescribed age failed to reapply. At the present time also many candidates are in the age group who reached the admission age during the Depression and had to work to help meet family needs. Of those who entered Diploma Schools of Nursing but did not complete the program, nearly all withdrew in order to marry.

Proportion of Accepted Candidates Who Eventually Enroll

Between March 1st, 1964 and March 31st, 1968, 318 candidates[10] had been accepted for enrollment and 153 had actually enrolled. A large proportion of those who did not enroll have withdrawn their applications for reasons mentioned above. The remainder are still active and many of them could still enter the School. Many, as suggested above, are encouraged to wait for a year or longer.

The size of the first classes enrolled was influenced by the desirability of starting the School with a reasonably small group and by the limited facilities available at that time. In the first three years, temporary quarters accommodated a total student body of some 70 persons. The new school building allows for an increase in enrollment up to a maximum of 150, or 75 admissions per year. This limitation was set in relation to the size of school facilities, by the supply of qualified staff and by the number of hospital beds available for clinical practice. A further consideration is the optimum number who can be trained in accordance with the philosophy of the School which regards adequate individual attention to students as of primary importance.

SECTION B

THE STUDENTS AND THE PROGRAM

Since September 1964, 203 students have been enrolled in the School.

1964	32
1965	34
1966	46
1967	41 [11]
1968	50

By the end of 1968 a total of 97 graduated from the first three classes.

Socio-Economic and Psychological Characteristics of the Students

A superficial comparison of the socio-economic characteristics of those who enrolled in the School with the characteristics of all candidates who participated in the School's selection program indicates similarities in most respects. The most notable exception is that those who were tested and not accepted included more individuals who were not academically qualified. Further tabulation and analysis of available data would make precise comparisons possible. Two comments may be made, however. First, there has been a decrease in the average age of students by two or three years. In 1964 the average age was 42; in 1965 and 1966 it was 41; in 1967 it was 39. However, in 1968 it was up again to 40. Secondly, the students, as compared to those who have been deferred or rejected, seem:

a) to come from families where the father's occupation is of higher status,
b) to have mothers who worked outside the home,
c) to have received their education in larger communities,
d) to include a slightly larger proportion of candidates who have had some previous education or training in nursing.

Further research could determine whether these trends are meaningful.

There are probably greater differences in the psychological characteristics. Further tabulation of data would show this to some degree but at no point could there be comparable data as between those who enrolled and those who did not because of the much greater amount of information available about students and graduates. However, the consultant Psychologist in a report to the Director stated that:

> In terms of the testing techniques used in the assessment of intelligence, the typical Quo Vadis applicant who is accepted for evaluation falls within the top twenty per cent of the population in intellectual ability.

It should be noted that the level of intelligence is only one of several criteria used as a basis for selection. These criteria are being refined as more experience is gained with the students.

The tests have also demonstrated that the applicants, almost without exception, are very weak in the area of mathematical and scientific knowledge. This has been a constant characteristic and the program of the School has had to take it into account. It is undoubtedly the result of 'rust' as much as anything else since performance improves rapidly with basic instruction.

Another constant characteristic of the students (as of a large proportion of applicants as well) is the lack of confidence in themselves. In many of them this is a deep-seated problem and lasts throughout their training and into their work as graduate nurses. With others it is rapidly dissipated as they proceed through the program. On the whole, however, this attitude is less prevalent in 1968 than it was in 1964. The change may be attributed to the success of the first classes and the additional experience of the staff. (There are some, of course, who appear over-confident and a few who actually over-estimate their ability.)

A high degree of motivation is also an almost universal characteristic. An astonishingly high proportion of candidates state on their application forms that they have always wanted to be nurses, and that the Quo Vadis opportunity is 'a dream come true.' One student spoke for many when she said, "I'll be damned if I quit." Another woman observed that she would withdraw if she could find the time. It is not

[10] This number includes candidates who were accepted conditionally, in most cases until they became academically eligible.

[11] This decrease in the size of total enrollment was due to limitations imposed by physical facilities. The number enrolled in the previous class necessitated curtailment of the numbers admitted in 1967.

possible to determine the factors which are a part of the motivation and they vary considerably with each individual. Unquestionably, however, this attitude enables many of them to continue through many discouraging moments.

Withdrawals

The most unexpected characteristic of the Quo Vadis School's first few years has been the remarkably low number of students – on any comparative basis – who have withdrawn from the program. Since they are students in a school of nursing, the withdrawal rate might be expected to approximate that of other schools of nursing. Since they are also adults, it might have been expected that an equally or perhaps more valid comparison might be made with the withdrawal rates of adult retraining programs.

Dr. Helen Mussalem in one of the reports prepared for the Royal Commission on Health Service notes that the withdrawal rate from diploma (as opposed to basic baccalaureate) schools of nursing in Canada fluctuated between 17.5 and 21.0 per cent between 1948 and 1961.[12]

A study of withdrawal rates from Ontario Schools, published in September 1968, shows that between 1956 and 1961 the overall withdrawal rate was 16.2% while the rate of withdrawal from schools with an enrollment of less than 50 students was 18.1%.[13]

Between 1964 and 1968 the rate of withdrawal from the Quo Vadis School averaged 13 percent. This percentage may be too high since it includes students who are on leave of absence and intend to return when more favourable circumstances prevail.

Because of the relative novelty of adult retraining programs, their extent and variety, and the scarcity of research studies, comparable withdrawal rates are difficult to find. However, a 1966 study by the Ontario Economic Council of federal-provincial training programs in Ontario shows a withdrawal rate of approximately 50%.[14]

In reviewing studies[15] of drop-outs from adult classes several factors stand out in any comparison between them and Quo Vadis students. Some of these are:

1) The careful screening of applicants at Quo Vadis does not seem to be characteristic of the admission policies of other institutions. Sheer numbers and lack of personnel are among the reasons for this. There is a major difference in the area of counselling. The need is well recognized but the service is not available in other institutions to the degree it is in Quo Vadis.

2) Staff and students at Quo Vadis are much more homogeneous than is usually the case in adult programs. To begin with they are nearly all middle-class, middle-aged women and their value system includes postponement of impulse gratification. This value, of course, tends to keep them in the School. Another characteristic is that school social events are attended by everyone and there is generally a warm and friendly atmosphere.

3) Dr. Mann suggests that marriage and retraining are incompatible for females because the mother/wife role conflicts with student roles such as homework, regular attendance and mental alertness. While these problems have arisen with the women and mothers who constitute the largest proportion of Quo Vadis students, careful selection and the application of research findings have mitigated and often reconciled the conflicts. A great deal more research needs to be done in this area in general and at the Quo Vadis School. At present the students who have withdrawn are few in number and are all known personally to all the staff. The evidence so far suggests that there are valuable lessons to be learned from Quo Vadis by others engaged in adult retraining, particularly retraining of older women. Emulation by other institutions could result in important economies.

Because of the need for more nurses, the reasons for withdrawal from schools of nursing have been given much attention. Although findings are conflicting, 'dislike of nursing' and 'failure to meet educational requirements' are usually given as the reasons why most student nurses withdraw from the schools.

The experience of Quo Vadis indicates that the difficulty in ascribing causes is due to the mixture of reasons which characterise those who leave. The reason stated (by either the School or the student) may not necessarily be the real reason or it may be only part of it. Thus, a student who is failing to achieve acceptable academic standards may be doing so because of unexpected and prolonged pressures at home which may or may not be corrected soon enough to permit continuing in school. Other students experiencing the same difficulty may be doing so simply because of adjustment problems. As is noted elsewhere in this report, nearly all Quo Vadis students experience some problem in adjusting to the role of student. In a few cases this process may extend over several months. When this occurs the staff must consider the possibility of discontinuing such students. The decision to do so has been rarely made; it is never routine and always painful since the staff are reluctant to concede that final adjustment may not be possible. This reluctance, buttressed by the rigid screening of the selection program, has 'paid off' more often than not. Patience and extra help have enabled many wavering students to overcome their difficulties.

One reason for withdrawal which is, of course, not characteristic of young students, is that of family pressures. Where appropriate, students may be given leave of absence and encouraged to return. This has happened in several cases.

Experience to date indicates that the whole-hearted support of a husband and children are of the greatest import-

[12] Mussalem, Helen K. Royal Commission on Health Services: *Nursing Education in Canada*. Ottawa, 1967, Page 28.

[13] Research and Planning Branch, Ontario Department of Health, in collaboration with the College of Nurses of Ontario. *A Study of Withdrawal of Student Nurses from Schools of Nursing in Ontario*, September 1968. Ottawa, Page 3.

[14] Forsyth, G. R., and Ninger, J. R., *Expanding Employability in Ontario*, Ontario Economic Council, Queen's Printer, 1966, page 33.

[15] For example:
Mann, W. E., "Adult Drop-outs," a two part article in *Continuous Learning*, Volumes 5 and 6, March/April and May/June, 966 and Alam, M., & Wright, E., *A Study of Night School Drop-outs*, a Research Service publication of the Toronto Board of Education, March, 1968.

ance in the adjustment of married students to the School's program. However such support is not always present or lasting or may be strained by illness, financial problems and a variety of domestic problems. One student told us only somewhat facetiously that only the acquisition of an electric dishwasher enabled her to complete the course.

Whenever possible husbands are involved. They attend, for example, the opening tea which is held a few weeks after the opening of the new term. During the first year several husbands were invited to participate in an informal discussion of the program and their frank views were very helpful in planning adjustments to the program.

One husband even puts his thoughts on paper for us. They read in part:

> I think one of the things we sensed was the need for discussion about this among the family. We had a family meeting with our children before my wife really got involved. We explained to them what it would mean and made them aware that my wife would be tied up. As a consequence, conditions in the house wouldn't be quite the same.
>
> It was quite evident that they were very supportive of their mother undertaking this training and even to this day they are supportive. I do feel that the initial process of discussing it with them, pointing out some of the things that could affect their life, helped a lot.
>
> I saw my role as a husband as giving my wife a tremendous amount of support. On many occasions there were tears and there were periods of great depression and I had to be very firm. It was a tough thing for a girl to do. For several months she was continually tired and I found myself acting as a guide and counsellor.

By any available standard and given the fact that most Quo Vadis students have heavy outside responsibilities, the record of the School in this area is quite remarkable. It reflects the quality of the selection which eliminates many potential drop-outs, the motivation of the students, the attitude of the staff and many other factors. In over-all terms, the investment made in the Quo Vadis School is greatly enhanced by this fact.

The Ontario Registration Examinations

There are no precise data available for inclusion in this report on which to base a comparison between the performance of the Quo Vadis students in the registration examinations and that of students from other schools of nursing in the province. What are available, however, indicates that the results achieved are roughly similar.

Each candidate writes four papers, one each in Obstetrics, Paediatrics, Medicine and Surgery. The results of the registered nurses examinations are sent out to each school of nursing for their students only, by the College of Nurses. The College's rating scheme is as follows:

Superior	700 marks and over
Above Average	600 - 699 marks
Average	400 - 599 marks
Below Average	325 - 399 marks
Failed	Below 325 marks

Using this criterion, the Quo Vadis graduates writing their examinations for the first time produced the results shown:

Graduating Year	Papers				
	Superior	Above Average	Average	Below Average	Failed
1966	3.5%	29.0%	59.0%	5.0%	3.5%
1967	7.5%	28.0%	56.0%	6.0%	2.5%
1968	0 %	29.4%	58.1%	9.6%	2.9%

The difference in the figures here may or may not be of importance. Only a larger sample and a longer period of time will tell. One might speculate, however, that the absence of any superior papers in the 1968 results represents a growing confidence on the part of the students with a concurrent decrease in the compulsion to excel academically. It may also indicate that applicants in the first group were unusually able academically and responded quickly to the challenge of the opportunity the School provided.

The results are given below in a different way:

Graduating Year	'High' average or more (800-500)	Average & below (499-0)
1966	64.5%	35.5%
1967	72.0%	28.0%
1968	35.3%	64.7%

The College of Nurses advised that in 1966 candidates wrote some 9600 papers. (This refers only to those who wrote for the first time.) The results were that 90.3% were successful. Of the 27 Quo Vadis graduates who wrote at this time (presumably included in the figure above) 87% were successful. In 1967 the proportion of the Quo Vadis graduates who were successful was 90%, and in 1968 94%. These results should be seen in context as those of a new and experimental school.

The Curriculum

The curriculum of the Quo Vadis School of Nursing, like that of all schools of nursing in Ontario, must meet the criteria of the College of Nurses of Ontario. The Quo Vadis School must also meet the needs of adult students. Curtailment of research funds has necessitated dropping proposed plans for describing the development of the curriculum as a program of nursing education. It may be noted, however, that the School has taken a long-term approach to curriculum development because of the unusual characteristics of the School. Not only are the students different, but the program is a two-year rather than a three-year one and for the first few years the School was on a semi-experimental basis[16], housed in temporary quarters and sharing facilities with another School. During the first year, moreover, there were only four full-time instructors. For these reasons, the curriculum has been more than usually flexible.

While this flexibility has had many advantages, it has also caused administrative problems of various sorts and discomfort to staff and students alike. During 1967 and 1968 more attention has been given to developing a standard curriculum which reflects the experience gained thus far. Approval in principle was given to the School's proposed

[16] Because of its unique features there was the possibility that the School might not attract sufficient candidates to warrant continuing the School or that those selected might not stay. This turned out not to be so.

program in March of 1964 and the staff has worked closely with representatives of the College of Nurses since that time in the further development of the curriculum. Formal approval was received in 1965.

The School as a School for Adults

While the curriculum of the School must meet criteria established by the College of Nurses, the requirements allow for a great deal of flexibility in program design. Thus it was possible to plan for a non-residential, two-year, day-time, Monday-to-Friday program as more appropriate for adults than the traditional residential three-year program[17], where students are frequently engaged in clinical practice on evenings and week-ends. Traditionally, diploma schools of nursing have been residential. Students are thus more readily available for practical experience on shifts and on week-ends. This has, of course, served the needs of hospitals where staff shortages are more acute during these times. With the emphasis shifting throughout nursing education to school control as opposed to hospital control of the students' practical experience, it was possible to plan a program which allowed students to live at home and still obtain the necessary week-end and night experience under the administrative control of the school.

One of the deterrents to the enrollment of adults in traditional nursing schools has been the requirements of living in residence. It was anticipated that most Quo Vadis students would want to live at home. No plan was made to provide assistance to those who did not wish to do so.

From time to time students living away from home for the period of two years have mentioned their interest in some type of residential accommodation specifically for students. This would have provided them with companionship and also solved some rooming problems early in the school's existence. In response the staff began to acquire some pieces of furniture which were lent to students renting unfurnished rooms or apartments. When they graduate, they turn over these articles to successive classes. The amount of furniture has increased over the years, and this arrangement has proved very satisfactory.

The original time-table has undergone many changes in accommodating to the students' needs and the requirements of the curriculum. One simple illustration of this is the question of holidays. The original plan was to give the students (in addition to statutory holidays) a Christmas vacation of about a week and a summer vacation of about three weeks. In fact, however, during the first year, students received twelve days at Christmas and four weeks during the summer. This was gradually extended to two weeks at Christmas and one week in the Spring, and for first year students five weeks in the summer. The graduating class receives only three weeks in the summer because they write their registration examinations in August.

These adjustments were made as it became apparent that the student group as a whole – particularly those with family responsibilities – needed this time, and in the best judgement of the staff their studies were positively rather than adversely affected by their having it. Leave of absence is granted on bases which are undoubtedly far wider than in traditional schools. The Quo Vadis School is probably the only nursing school which ever gave leave of absence to a student for the purpose of nursing a sick mare! Other seemingly frivolous reasons include shopping with a visiting relative and attending a convention with a husband. Each request is considered individually and is related to the individual's needs.

Another area where adjustments have to be made for adult students is in the assessment of the amount of time any given student can miss and still complete her course satisfactorily. Two factors must be considered:

1) the minimum requirements of the College of Nurses with regard to the number of hours of instruction and of supervised clinical practice which each student must have, and
2) the ability of the individual student to learn the basic material lost through absence, to observe the procedures missed, to develop the necessary skill in the application of such procedures and to be ready to move into the next phase of her training.

With regard to the latter, provision is made for the student to obtain individual guidance from the instructors. She can write tests on the material she has missed, and, if appropriate, will be given special demonstrations together with opportunities for discussion.

Making up time in clinical areas, such as Maternity and Paediatrics, where a specific number of hours is required by the College of Nurses, is more complicated since substitution cannot be made and, in addition, it is often difficult to obtain the necessary facilities readily. There are also other areas where the specialty is not one that is required by the College of Nurses, but is considered by the faculty to be basic to the education of the students. When time must be made up in these areas, still other types of plans must be made.

This type of adaptation is a continuing feature of the School's approach to its program. The acquisition in 1968 of a permanent school building has necessitated some further adjustments but these should not greatly influence the essential features which have remained the same.

The original assumptions about the needs of adult students, on which the School was based, have continued to provide guidelines. These assumptions, in summary, were as follows:

1. Adult students have different needs from younger students. Adults have life experience which has taught them many things they could not learn in school. New learning can be related to this experience in a way that is not possible with younger students.
2. Adults will have important responsibilities which will frequently take precedence over their training.
3. Adult students are more highly motivated; this facilitates teaching by eliminating the need to persuade students to do their assignments, attend class regularly and the like.
4. Some students will have an inadequate perception of the difficulties involved. They may be disillusioned to find that worthy motives are not enough.
5. Adults will probably have more fixed opinions and attitudes.

[17] More and more two-year programs are being set up. See below, page 18.

6. The program should be planned in clear stages and students should be involved in appraising their progress.
7. Some students may fit too well into old patterns of regimentation and regulation. This reaction should be viewed as undesirable.
8. Adults will be more sensitive to criticism and particularly if it is given in front of others; care should be taken to be tactful and as private as possible.

As will be seen below, the instructors have found these assumptions to be generally valid and for the most part have tried to act in accordance with them. That students are criticised in front of other students or patients is undoubtedly a fact, but represents a deviation from what is expected. It is also very likely the result of a normal human reaction on the part of staff to pressure, fatigue, impatience.

Characteristics of the Students as seen by the Staff

Group and individual discussions with staff members regarding their views of the Quo Vadis students have elicited the following comments.[18]

In the Classroom:

1. They ask intelligent questions and enter eagerly into discussions, sometimes interrupting before the material is covered. They are more interested than young students. There is little distracting activity.
2. They are highly motivated, interested to learn but more overtly anxious about examinations than younger students.
3. Students tend to compare themselves with staff members who are the same age and despair of ever bridging the knowledge gap. The addition of younger staff members has helped ease this situation since students can aspire to their level of knowledge which only takes a few years and not the twenty years or so which senior staff members have had.
4. Students want to be told exactly what to learn. They are particularly uncomfortable if they have no textbooks.
5. Older students experience problems in non-verbal communication skills, in taking notes, writing tests, in understanding what the teacher really wants in written questions. Many experience anxiety because they want to please the teacher. Some may lack the vocabulary to express themselves adequately. Teachers say that they cannot initially "define," "distinguish," "enumerate." On the one hand they are uneasy when not given simple straightforward answers or what they are taught cannot be found in the textbook; on the other hand, they want to explore issues in great depth.
6. The students do not need 'to be motivated.' Instructors can assume, generally, that assignments will be completed.
7. It is easy for instructors to assume that the students know things they do not, in fact, know. As was evident from the testing procedures, the basic mathematical skills and scientific knowledge of the majority of students are very weak. Instructors must remain aware of this.
8. Physical and mental exhaustion is characteristic of many students, particularly in the first few months. Instructors conducting classes at the end of the day find students fidgetting, dozing, unable to concentrate.
9. Students who experience difficulties in the practical areas tend to overemphasise the academic side and feel compelled to achieve top grades.
10. They do not expect the teacher to know everything as younger students frequently do, and there is less 'testing' of the teacher to find out what she knows. On the other hand, they are less accepting of what the teacher says. They 'have to be shown' and the instructors must be ready to support their statements.
11. They are prepared to accept an instructor's response, 'I don't know.'

In the Clinical Areas:

1. Most students are deeply interested in patients as individuals and have little trouble in achieving good relationships. Some are so adept at this that they not infrequently teach their teachers.[19]
2. They tend to seek supervision more readily than younger students. They are easier to supervise because of their dependability and judgement.
3. Many students find criticism of their work difficult to accept. The methods used by instructors in this area must be very tactful and are not always so.
4. Students bring many more preconceived ideas to psychiatric experience than younger students but do accept the patients very well.
5. Adult students demand more experience on the ward. Difficulties arise much more frequently on the wards than in the classroom. As one instructor put it, "You don't try a new recipe on guests." The Quo Vadis students want therefore to repeat procedures.[20] Not all instructors accept the expressed needs of the students.

Adjustments of Students to the School

Throughout the existence of the School, there have been constant efforts to elicit the views of the students themselves regarding the program and the difficulties they have experienced adjusting to it, so that remedial action could be taken where appropriate and feasible.

This process starts even before the students are enrolled. Those who have been accepted are invited to an orientation day two or three months in advance of the beginning of the School term. This gives them an opportunity to meet the

[18] Plans to have lengthy interviews with all staff members, supplemented by questionnaires, have not been carried out because of budget curtailment. The comments presented here resulted from brief interviews with senior, full-time personnel only.

[19] One reviewer of the National Film Board's documentary on the School, "Experienced Hands," makes the following comments: "It is an honest report, brief and to the point. Here is a teacher saying with obvious sincerity, 'I have learned a great deal (from adult students). I will change my whole course next year.' The hallmark of good adult teaching."

[20] This tendency has decreased as Quo Vadis graduates are becoming better known and accepted.

staff as well as senior students and one another, and to begin to understand the kind of program they will be entering. This occasion was used in the first year to have the students select their own uniform.[21] (Not their cap, however, since there was some doubt that thirty-two women could agree on one style of head-gear.)

Despite these and other efforts there were periods of time during the first year when the anxiety level was very high and when efforts to alleviate students' anxiety seemed ineffectual. At that time, Dr. R. A. Lucas, of the Department of Sociology at the University of Toronto, who has been a consultant to the research program since 1964, was invited to assist the School in identifying the source of this anxiety.

The situation at the time was that although the students did well academically and very well in the practical field, several unexpected patterns of behaviour emerged. Classroom discipline was difficult to maintain; relationships between students and between staff and students were characterised by mutual irritability; students were discouraged and many were near exhaustion, and the demands of many for assurance seemed insatiable.

Self-administered questionnaires were designed and distributed to both staff and students. To ensure anonymity, these were returned directly to the University of Toronto Sociology Department. The findings were presented to the staff and students and later included in an article in the *Canadian Review of Sociology and Anthropology*.

Excerpts from: *"Some Dimensions of Adult Status"* [22]

The response to the questionnaire verified previous findings that there was no crucial conflict between home obligations and working. Or rather, it might be more accurate to say that it was crucial but had been recognised, discussed, acted upon, and resolved . . .

In defining their difficulties, the respondents coincidentally identified status expectations of adults. It became clear that these middle-class, middle-aged women had carried on their previous roles within a set of expectations which had been taken so much for granted that they became explicit only when the women's roles were drastically changed. The dimensions of adult status discussed by the respondents were ten in number:

1. Whether at home or at work, middle-aged women usually work within an area of competence. In some respects, a career line and life itself can be viewed as a long process of selection. Through systematic winnowing the middle-aged adult usually has ruled out areas of incompetence and has progressively narrowed the work area to one in which she has some ability, experience and confidence.
   In the training situation, the respondents were suddenly faced with a number of challenges that they judged to be outside their sphere of competence. Subjects and skills long ago discarded as irrelevant to their role-playing were now obligatory. Respondents reported, "I've forgotten all my chemistry," "I was bad in physics in high school," and "I have always been bad at mathematics." The extent to which they felt themselves to be beyond their competence is indicated in their answers to the question about the most rewarding aspect of their year: "surviving," "passing." Others added, "I often doubt my ability."
2. The middle-class adult maintains a large area of privacy. The middle-class woman has little experience of discussing problems with a professionally trained person other than the doctor, or of taking advantage of counselling services. To many middle-class persons maturity is equated with self-sufficiency; counselling is appropriate for the high school youngster and the less fortunate who receive social welfare benefits, but it is an admission of failure for the middle-class adult. Accustomed to self-sufficiency and privacy, students often interpreted as interference what was intended as assistance.
   The school carefully screened its applicants and the officers made sure that all married women had made adequate provision for the care of their families. As it was anticipated that problems would arise during the year, group discussions and individual counselling were built into the program as a precautionary measure. Many of the adult students found this arrangement a negation of their accustomed role: "I'm an adult, and I run my own life," "Too much private information is passed on to the instructors," "If I have one strong objection it is the mandatory counselling sessions. The past is past. It's none of your business. Leave me and the others alone to get on with the business at hand. If I need guidance, help or counselling, I'll come to you."
3. Generally speaking, the adult woman's role is concerned with the pragmatic, the practical, and the expedient. There is little concern with theoretical knowledge as such; although general theory underlies most activity, it is usually seen as what "people usually do" rather than a principle or a theory. In other instances, theories – on how to bring up children, for instance – are considered theories only, and in the day-to-day activities the "practical" course is often taken.
   The training given to the adult students involved both practical and theoretical work. There was a marked preference for the practical training, and a marked efficiency in its execution. Theoretical knowledge was seen as difficult and unrelated to the task at hand. In the selection of subjects most liked, the trend was to choose those in which "you learn by doing," or those in which you "see results," or where you "felt useful." On the other hand, students reported that they were "discouraged by theory" or "bookwork is too much – too theoretical," "Philosophy has no connection," "Essays involve too much reading for what you get out of it," "hard to relate one area to another" and "hard to sift out."
4. Whether housewife, secretary, or nurse, the adult female knows the requirements of her role. This is a complex phenomenon: she is aware of the expectations of others – family, neighbours, or boss – and in addition she knows the minimum that she must do to be free of criticism. Most adults know the full range of

[21] The uniform selected is pink with white stripes, and white collars and cuffs.

[22] Lucas, R. A., "Some Dimensions of Adult Status", *Canadian Review of Sociology and Anthropology*, Vol. 3, No. 2, (May, 1966).

permissible behaviour which can be adjusted according to circumstances.

When . . . (these women) . . . moved to the school situation they did not know what the minimum requirements were. In order to cope with the indeterminacy of the situation, they attempted to work in three different directions. The instructors noted that they tried to learn the two-year course in the first month and to push a topic to the utmost marginal detail; in much the same way, they tried to read completely all the works on lists of reference books: in both cases, they were attempting to deal with the unknown by making it known in a hurry. Secondly, the students and staff reported that the students needed to be told constantly that the level at which they were working was satisfactory. The need was expressed by the students as "encouragement," or, negatively, "the most difficult aspect of the school is trying to decipher what school instructors want." Thirdly, the students attempted to structure the situation with rules so that they would not make mistakes: "We need written rules," they said: and, "If rules are posted, we would know and would not make mistakes and look like adolescents."

5. Work for many middle-aged women involves a variety of tasks, each with a comparatively short span of concentration. Housekeeping and child-raising particularly is made up of a wide range of activities, each concentrated upon for a brief time. Many of these activities imply a great deal of physical movement. Even the sedentary jobs such as typing entail considerable physical movement and comparatively little intense concentration.

   In the school setting, the adult was expected to spend consecutive hours attending lectures. This means many hours without physical movement, and, more particularly, many hours of concentrated intellectual activity each day. This unaccustomed requirement was mentioned by a number of respondents as "too much classroom," or "unbroken classroom." Several chose "lectures and study" or "retention" as problems which presented the greatest difficulties during the year. Some attributed the difficulty to the innate characteristics of the older person rather than to the situation: "One of the disadvantages of studying at an older age is that the older pupil has a dormant mind."

6. Most middle-aged women hold positions of responsibility. The mother is entrusted with the training, physical well-being, and safety of her children. She makes a wide range of decisions with little recourse to higher authority or any form of outside interference. The waitress and the typist may not feel the weight of their responsibilities but nevertheless one is responsible for seeing that she does not contaminate the food she serves and the other is responsible for seeing that she does not type an extra zero into a contract figure.

   This all becomes explicit when the adult finds herself in a training situation in which she is not permitted to take responsibility in areas in which she has some knowledge but is being trained. Respondents referred to being "in kindergarten," suggesting that they were relegated to the level of responsibility of young children. Conversely the respondents found that the most interesting, most personally satisfying work, in which they learned the most, lay in those areas in which they saw themselves taking major responsibilities.

7. The middle-aged woman, often unknown to herself, usually permits others to adjust to her whims and particular personality characteristics. In this respect aging can be seen as a selection process; friends are selected, and if clashes persist relationships are terminated because interaction becomes unpleasant.

   A spouse is chosen on the basis of compatibility, and through partnership and marriage tacit agreements are reached. Subsequently, children are trained to take mother's headaches and idiosyncracies into account. In many respects, despite the interplay of relationships, the household can be seen as revolving around particular social and psychological attributes of the major protagonists. In much the same way, although to a lesser extent, the working woman acts in a setting in which co-workers and supervisors take personality factors into account. There are relatively few supervisors who do not adjust to the eccentricities of employees, usually excusing them on the basis of some other desirable attribute. All of this is not to say that the woman does not reciprocate by taking characteristics of others into account; if concern is not primarily concentrated on her individuality, she, like others, expects at least reciprocal concern.

   In a classroom the individual finds that there is little possibility or opportunity for instructors to take her personal idiosyncrasies into account during class. Headaches and temper tantrums come and go without changing the steady pace of activities. Further, the student feels obliged to take into account the peculiarities of the instructor, because of the instructor's superordinate position. During a large part of the day, then, the student found that there was little reciprocal adjustment of behaviour.

8. Middle-aged women hold positions of de facto and de jure authority. As mother, a woman is formally vested with authority over her children; she makes decisions, criticises, trains, gives orders, supervises, and insists upon the maintenance of standards. Even in the work world where little formal authority seems inherent in her position, the sphere of competence associated with the job itself implies a virtual authority. Adults, generally, have authority both in relation to other adults and to children.

   Traditionally, in training situations authority rests with the teacher both as the transmitter of knowledge and as an adult, rather than the student who is the recipient of knowledge and a child. The respondents were keenly aware of the shift from a position of authority to one without authority. As one person phrased it, "The greatest difficulty during the year was being a pupil." One respondent felt that her particular experience in the past had helped her a great deal because "I didn't have to learn to take orders." Things respondents liked included being "addressed as Mrs. Blank," "being asked

our opinions," "discussions," or having "unsupervised study periods." Things they did not like included "having to give reasons for absence," "being taught kindergarten style," or having "no credit for absorbing philosophy and sociology in thirty years."

9. A middle-aged woman's work is seldom subjected to open or public criticism. There are several reasons for this. Many activities such as doing housework or bringing up children are subject to few absolute standards; thus criticism is reduced to a matter of personal opinion. In the world of work outside the home, most adults are able to maintain minimum standards without great difficulty, thus protecting themselves from criticism. Except in a limited number of ritualistic areas such as politics, the adult role involves reciprocal relations which minimise public criticism; when criticism is necessary, it is the veiled and face-saving criticism of the adult world with the you-have-done-a-good-job-but approach. On the other hand, adults, including adult women, are duty-bound to criticise openly and chastise family members, particularly those in training for adulthood.

   Instruction, and particularly practical instruction, can hardly be carried out without some sort of criticism and evaluation. The respondents, used as they were to a world in which criticism was absent or veiled, discussed this at length in the questionnaire. They pointed out that criticism itself was very difficult to accept: "There are persons you respect and persons you feel indifferent toward. Criticism can be constructive or destructive.If you get destructive criticism from a person you respect, it can be devastating." Others, used to the veiled criticisms of the adult world, noted the lack of face-saving balance, "You get criticism but little praise." The most difficult aspect of criticism was that it was often public: "I was upset when the instructor criticised me in the presence of others," said one respondent; another complained of being "criticised like a naughty child in public"; a third wrote of "instructors using a loud tone of voice in front of others," and a fourth of "instructors accepting the views of a few as representing those of all and giving a stern lecture."

10. At work and at home, the middle-aged woman is seldom in direct competition with her peers. What competition does exist, for the presidency of a club, popularity, or even promotion, is usually sustained for short periods under controlled and restricted conditions. Only under exceptional conditions does this type of competition involve the totality of a major role; instead, competition is concerned with small and often trivial role segments.

    In the school training situation, the respondents found themselves in direct competition with their peers. Almost inevitably in any grading system the evaluation of any one student depends directly upon the accomplishments of all the other students. When asked about the effect of fellow students upon their work experience, the respondents talked of "lack of (mutual) support," and described their peers as "highly competitive," "discouraging," "immature," and "resentful" or "jealous of success." Others talked of behavioural symptoms, saying that "pre-test tension is contagious," and "exam post-mortems are unnerving," or deploring "gossip and backbiting," and "lack of charity to one another." One student summed up the situation: "On entering this class after the intensive entrance tests and interviews, I expected to work with a group of humane women with a common goal who would lend to their associates humanity and kindness and good manners. I found instead many who maligned and gossiped."

    It is clear from the above that the respondents found themselves in a situation structured in such a way that status demands were contrary to those they had normally been led to expect in the adult world. The situation was complicated by the fact that the students did not feel that they could solve the problem by withdrawing. This is illustrated in the following comment: "So much depends on our finishing the course because of the people at home who must take on more responsibility for these two years, that being 'put out' of a class is unthinkable unless it becomes necessary to give up. This gives a feeling of insecurity." Respondents felt that circumstances forced them to maintain this role-playing despite the obvious difficulties they encountered.

    The statements of the respondents clearly indicate that it would be a misleading oversimplification to summarise their situation as a subjectively experienced loss of adult status. While superficially valid, this would ignore the many component dimensions of adult status. Although the respondents indicated awareness of their loss of such dimensions as privacy, responsibility, and authority, it is clear that their legal capacities – their powers to enforce legal rights and obligations – and other dimensions of adult status remained intact. This article is restricted to the dimensions of adult status of manifest concern to the respondents within the patterned relationships of the school situation.

Social Mechanisms used by respondents

The loss of dimensions of adult status, inherent as it was in the patterned relationship between student and teacher, was common to all respondents, although it was felt with differing degrees of intensity and dealt with through different mechanisms. Some students, for instance, sought reassurance among their peer-competitors and were hostile to the instructors. Others, finding that the peer group undermined their confidence, identified with the instructors, and derived social support from their families.

The social mechanisms used by the respondents served to attack the problem on several fronts: competition was controlled by influencing the performance of competitors through "gossip," "backbiting," and the use of "pre-test tension"; student authority was asserted through class disruption; attempts to raise status were made by attempting to learn "everything at once" and a constant demand for status reassurance from instructors; at the same time, adult students attempted to define their own roles on one level by asking for rules

and on another by attributing their difficulties to personality characteristics of the instructors, or defining knowledge as inappropriate to the job in hand. As is often the case in such a situation students used a number of these mechanisms at the same time regardless of the contradictions implicit in them. Under these conditions we find students asking for rules (to define their role) while complaining that they are treated like kindergarten children (a negation of responsibility), or saying "I'm an adult and I can run my own life" but at the same time instructors should be "friendly and warm . . . and give encouragement on the spot."

This ambivalence draws our attention to two aspects of role-playing, defined by the ten areas discussed above: the content of adult roles and the reciprocal relationships involved in them. The dilemma faced by adult students is that if they had the content of their roles defined their adult expectations regarding reciprocal rerelationships were violated. Adult status expectations depend crucially on adults knowing their role and havcompetence in it.

These observations, and the behaviour described by the respondents, seem to have a great deal in common with adolescent behaviour. Full-time schooling for adults and adolescents has many social characteristics in common, but there are crucial differences: first the adult has had long practice in adult life and has internalised expectations whereas the adolescent is trying to achieve adult competence and rights for the first time; second, there is no built-in ritual or provision for this transitional period for adults as there is for teenagers; third, adult students frequently lack, as did the respondents in this study, the opportunity to learn informally how to define their role from those who have gone through the training program before them.

One of the respondents asked why she was having difficulties with her present course when she had had no trouble with university extension courses. The significant difference is clear: university extension courses involved a few evening hours and left the structure of the adult role basically unchanged. It is on this basis that the bulk of so-called adult education courses rests; training in industrial corporations is gradual on-the-job training. People seem to be able to lose status dimensions on a part-time basis, provided they have their major adult status unthreatened and available to return to, as illustrated by a great number of part-time jobs, student summer jobs, and the part-time adult student.

In the present study, however, the women were full-time students for eight hours a day over a two-year period. When time for travelling to school and doing homework is counted, the bulk of their waking day and role activities was accounted for. Some other arrangements had been made at home to take over many of their former adult roles. Further, the attention and concern of the family and friends was focussed upon their performance as students. Even under these conditions married women rated fellow students low as a means of support and encouragement; instead, married women relied on their families (involving their traditional adult status) as their greatest source of support and assistance.

We are all familiar with personal encounters in which we temporarily lose adult status. Some encounters make us feel small or inadequate, and others make us feel we are treated as children, because they involve the temporary loss of one or a combination of adult status dimensions. We deal with the situation in one of several ways such as by counterattack or withdrawal, and as long as the conditions are due to personal factors and are not sustained in the structure of the social order, we find it possible to cope with the situation.

Even the adult status expectations of the scrubwoman and ditchdigger are so infrequently violated that it is usually attributed to individual idiosyncrasy – for instance, to an individual prone to over-supervision. When, however, the individual finds himself in a position where the very basic assumptions of the organisation and all personal interaction imply loss of dimensions of adult status, there is no escape. Under these conditions, however, attempts often may be made to blame the situation on personal factors. In other words, with rare exceptions, loss of adult status dimensions is not part of the continuing social relations of society.

Traditionally shifts in role and status have been very gradual, often imperceptible; as we have seen, when the adult role is reflected in behavioural terms as he attempts to rectify the situation. Further, most changes have been shifts within the adult role, rather than departures from adult status. In addition, many mechanisms to cover transitions, such as reference group behaviour and anticipatory socialisation, seem to ease changes. The achievement of adult status, though often stressful, is accomplished through gradual and orderly change; even drastic changes of status such as marriage, or the death of a spouse, have built-in social mechanisms in the form of courtship, the funeral, and mourning, which help the individual to adjust. In the case of the adult women students, no amount of counselling could substitute for the gradualness with which traditionally the individual moves from one small change to another . . . The very suddenness precludes the anticipatory socialisation which usually precedes a change of role and status. Part-time participation in an area of non-competence, however, permits the individual to maintain a level of competence elsewhere that provides a home base of adult status security.

These and other comments contained in Dr. Lucas's report proved very helpful first in understanding and second in helping the students understand and cope with some of their problems. With these problems taken into account by the counsellors, subtle changes have taken place and the same level of anxiety has not been found in subsequent years. Because the information obtained from the questionnaire proved so helpful, it was subsequently administered to the first class of students at the end of their second year and to each successive class at the conclusion of each of the two

years. The findings have been related to other characteristics and the results reported in Part II.

Although the study was designed to explore a particular and practical problem, the findings were of sufficient interest to make a contribution to the social sciences. In the academic article, of course, neither Quo Vadis nor the type of training was identified.

Counselling

An important feature of the program is the provision of counselling service to all students. This process starts with the initial interview of candidates, continues throughout the two years of the program, and, in some cases, into the first few months after graduation when some graduates return for advice in adjusting to work.

In the first three years the counselling service was provided by a professional social worker[23], the Director, the consultant psychologist, and (to a lesser degree) by all the staff. Beginning in the summer of 1966, the Director gradually assumed the responsibilities initially carried by the social worker. Consultant psychologists continued to provide special services and some staff members were assigned additional responsibilities in this area.

Records have been kept of the number of hours spent in counselling students. The thirty-two students enrolled in the first class received a total of 400 hours of counselling over the first two-year period of the School. The second class, which included approximately the same number of students, received over twice as many hours. Records are not completed for the third class but it appears that the number of hours has significantly increased again.

The problems with which counsellors deal are many and varied. The problems which deter some candidates from enrolling are essentially the same ones with which students must contend. These include family responsibilities, financial difficulties of various kinds and transportation problems. In addition, however, the students must cope with adjusting to the role of student, physical fatigue, discouragement and the like. An understanding and helpful attitude on the part of the counsellors has been indispensable in enabling students to continue in the course.

A simple illustration of this point may be made in the area of financial need. Between March 1964, and March 1968, 43 of a total of 154 students (or 28%) required loans to enable them to meet their obligations. A number of graduates started to work with debts as great as $2,000.00. The worry and the decision to assume a financial debt when many are uncertain of final success often requires a lot of supportive counselling.

It is significant that each successive class, according to views strongly expressed by the staff (as well as many students), has been characterized by a greater degree of individual and group confidence than its predecessor. Many reasons for this phenomenon may be suggested. While the success of the graduates and the experience of the staff are important reasons, the support given by counselling, based in part on the results of the research, cannot be overlooked.

According to a study of nursing education in Canada prepared for the Royal Commission on Health Services, nursing school personnel in Canada do not favour a formal or structured counselling service.[24]

The Quo Vadis School on the other hand has from the beginning stressed the need for this service. Taken in conjunction with the low withdrawal rate, there is reason to believe that this service is performing a vital function.

The Staff

The Quo Vadis School of Nursing has been fortunate in the quality of preparation and experience on the part of the staff members it has recruited. This is very significant in the light of what is generally viewed as a critical situation in the development of nursing education in Canada.[25] Of the 17 full-time instructors (including the Director) who have been engaged since 1964, over 60% hold Bachelor's degrees as contrasted with a national average of 23.4% in Diploma Schools. In addition, 4 of the 17 have Master's degrees.

Since the first staff members were hired less than five years ago and the student body doubled with the acceptance of the second class, comparisons regarding the length of employment are not very valid. However, the overall national figures indicate that at present only slightly more than 21% of instructors have been in their positions for three years or more. Of 17 full-time instructors who joined the Quo Vadis staff between March 1964, and May 1968, all but 5 – or 71% – were still on staff by May 1968.

The ratio of staff to students in Ontario schools of nursing ranges from 1:3 to 1:60, depending upon the size and location of the school, and with a mode of 1:10.[26] The ratio at Quo Vadis is between 1:5 and 1:8, this ratio being considered essential in view of the characteristics of the students.

All of the nursing instructors, both part-time and full-time, have been women. Their average age, like that of the students, is 40, with a few more being over than under 40. The youngest staff member was 26 years of age when she was employed. Of 17 full-time instructors, 11 were single when they joined the staff. All 8 of the part-time instructors have been married women who are, on the average, 10 years younger than those working full-time.

The administration hesitated before engaging instructors who were younger than the students, but as far as the students are concerned, no problems seem to have arisen. However, some of the older staff members have, on occasion, taken critical note of the attitudes of some of the younger instructors and feel that they are not always sufficiently patient with adult students. The younger instructors in turn feel that the older ones have too low a level of expectation. Traditionally, of course, younger instructors are the hardest task masters, and in this regard, Quo Vadis is no exception. Not enough information is yet available to make any firm judgements about this but it is an area of critical importance and should be investigated further.

Just as the School would like to enroll more male students so it would like to have male instructors on staff. This has not proved possible because of the dearth of qualified

[23] The author of this report.

[24] Mussallem, Helen K., *Nursing Education in Canada*, Royal Commission on Health Services: Queens Printer, Ottawa 1964, page 70.

[25] *Ibid.*, page 45.

[26] *Ibid.*, page 55.

male nurses. To date, psychology has been taught by a male psychologist, and during the year 1967-68 philosophy was taught by a man. Occasional lectures are also given by male physicians and other specialists.

One final comment about the staff should be made. In addition to the 8 part-time members referred to above, the School has employed 3 members of its first graduating class as part-time instructors. All three have performed very satisfactorily. They have, of course, a special rapport with the students. The School hopes that some of them will obtain further education in order to qualify as full-time and permanent instructors.

Interviews conducted with staff members over the years indicate a universal enthusiasm for and commitment to the 'Quo Vadis idea' of a two-year program for mature students. Some came to the School not altogether sure it could be done, but they were challenged and stimulated by the idea. This is not to say that many of them are not critical of some aspects of the program. Because, as a group, they have had more education than is characteristic of the staff of most nursing schools, it was only to be expected that they would disagree, for example, on such things as curriculum development.

As the School grows and more staff are needed, it is increasingly difficult to recruit staff members with the desirable qualifications and personalities. Not all experienced qualified nursing instructors are able to teach the type of student at Quo Vadis. This problem is, however, partly compensated for by the 'settling' that is taking place. Unquestionably some of the earlier difficulties experienced by students reflected the uncertainties of the staff at that time.

Like the students, the staff have had to learn to adjust to new roles and were frequently uncertain about what was expected of them. This difficulty was aggravated by the necessity of arranging for clinical practice in several hospitals. The instructors, new in a new school with a new type of student, also found themselves frequently in unfamiliar areas of clinical practice. They were required to familiarise themselves with widely differing procedures while also supervising students. These and other administrative problems have frequently been acute and the resulting demands made upon the staff have been great and at times excessive. The relatively few who have left the staff have cited these problems as being among their reasons.

SECTION C

THE GRADUATES

The third class graduated from the Quo Vadis School of Nursing in September 1968, bringing the total number of graduates up to 97. Information on post-graduate employment is available, however, only for the graduates of 1966 and 1967, and is based mainly on questionnaires completed by:

a) the class of 1966 in March of 1967,
b) the class of 1966 in May 1968,
c) the class of 1967 in May 1968,
d) the supervisors of graduates of both classes in May 1968,
e) graduates of two traditional schools of nursing who completed 3-year programs in 1966 and 1967,
f) personal interviews with 22 of the 57 graduates carried out by the author.

Restrictions on resources available for research in 1968 has made it impossible to tabulate the available information beyond a very limited level. Analysis is, therefore, limited to general observations and tentative impressions about the responses.

Areas of employment, hours of work and mobility

Fifty of the 57 graduates were working in the province of Ontario; there were 2 in Nova Scotia and one each in Quebec, British Columbia and Saskatchewan.

The graduates give various reasons for the type of work they chose for their first employment. For many of them the location of the hospital dictated their first choice. The married graduates, particularly, chose the hospital closest to their homes even though this sometimes meant not being able to choose the area of nursing which they would otherwise have selected. Most of the graduates began working full-time and on all shifts.

Nurses are notoriously mobile and it is, therefore, of interest to note the extent to which Quo Vadis graduates change jobs and their reasons for so doing. Eight members of the first graduating class had changed jobs once during the 18 months following graduation. For many it was a question of finding suitable positions nearer to their place of residence and/or gaining more varied experience. The others changed for a variety of personal and family reasons. All members of the second graduating class were still in their first jobs six months after graduation.

Comparisons with graduates from traditional schools

One of the original assumptions on which the School was based was that more mature graduates might be expected to stay in the profession longer than younger graduates. One obvious reason for this is that a large proportion of the younger ones can be expected to marry within a very short time. While there is little available current information about nurses' career lines, an American study, conducted in 1958, noted that "in the decade approximately following graduation (20-29 years), 30 per cent of the nurses are not working at all, and only 54 per cent of them are employed full time." [27]

It is obviously too soon to make any judgement about the Quo Vadis graduates' eventual contribution to nursing but some initial efforts have been made to establish a basis for later comparisons. For this reason questionnaire forms were mailed to the 1966 and 1967 graduates of two traditional schools of nursing in Toronto.[28] A total of 340 questionnaires were distributed and 145 returned (43%). There is

[27] Hughes, E. C., Hughes, H. J. and Deutscher, I. *Twenty Thousand Nurses Tell Their Story*, J. P. Lippincott & Company, 1958, page 42.

[28] One of these two schools had a three-year traditional program and the other a two-plus-one program at the time the respondents were in training. This is not considered a significant variable. (See page 86, for discussion of three and two-plus-one.)

no way of knowing how those who responded compare with those who did not respond and, therefore, how valid the sample is. However, some limited comparisons can be made of traditional young graduates with Quo Vadis graduates.

Numbers working

As noted above, in May 1968, of 57 women who graduated from the Quo Vadis School of Nursing in the classes of 1966 and 1967, all but two were working.[29] Of the 145 graduates of the two traditional schools of nursing who responded to the questionnaire, 127 were working. While there is some difference here, with a higher percentage of Quo Vadis graduates working, the total numbers, the nature of the sample and the limited time lapse inhibit making any judgements of the significance of this difference.

The Quo Vadis graduates who are not working are married women who have had to resume full-time home responsibilities, at least temporarily. Many of the Quo Vadis graduates have expressed the hope of obtaining further education but the School discourages them from doing so until they have had at least several months of general duty nursing. By September 1968, however, several graduates were attending university and the number was increasing. Most of the other graduates from traditional schools who have responded and are not working have either married and are starting their families or have resumed full-time educational programs.

The younger graduates tend to start working sooner after graduation. This was anticipated since for most of them it is their first job and their first pay cheque. Many Quo Vadis graduates feel the strain of their two-year program and where economic necessities are not great, may take several weeks at home before starting to work. In many cases there is also some domestic 'fence-mending' to be done in a home where full-time school attendance by the mother has disrupted normal family living patterns over a two-year period.

Choice of first position

Further analysis is needed to determine whether there are any differences in the areas chosen for first positions. Superficially it appears that the choices made by the younger graduates, in terms of the type of nursing, size of hospital and location of hospital, are not dissimilar to those of the Quo Vadis graduates.[30] The young women, as a group, have more freedom to move around and this is reflected in their choice of first positions. Many elect to remain in the hospital where they have trained, until now impossible for Quo Vadis students, since the School acquired a 'home' hospital only in 1968.

Quo Vadis graduates are somewhat more restricted in their choices since many of them are married and choose their jobs in institutions as close to home as possible. The following table enables a comparison among choices.

[29] In May 1968, all but two of the 57 graduates were working and the two who were not working were both employed for several months following graduation before family concerns necessitated temporary but full-time resumption of home responsibilities.

[30] Questionnaire forms were returned by two of the young graduates who were working in Africa for a period of two years. Their responses were received too late to be included in the analysis.

Areas of Work Chosen for First Positions
By Graduates of Quo Vadis
and
Young Graduates of Two Traditional Schools

	School A N = 58:38% of grad. class	School B N = 69:43% of grad. class	Quo Vadis N = 57:100% of grad. class
Psychiatry	3 5%	9 13%	10 18%
Medical/Surgical	36 62%	42 61%	35 61%
Obstetrics	6 10%	9 13%	4 7%
Geriatrics	3 5%	– –	1 2%
Paediatrics	3 5%	5 7%	3 5%
Teaching/Public Health /Administration	7 13%	4 6%	4 7%

Mobility

Undoubtedly, a factor which influences many nurses in choosing their profession is that they can so easily obtain work. Before marriage nurses can travel and work in a great variety of situations; after marriage those who want to continue to work can adapt work situations quite readily to family demands. The ever-present demand for nurses ensures that no qualified person need be long unemployed.

The graduates can then be expected to change their jobs frequently. Of the Quo Vadis graduates of September 1966 who were employed as nurses in May 1968, eight (or 32%) had changed their jobs. All but one of the 1967 graduates were still in their first positions at that time.

The proportion of graduates from the other schools who had changed is much higher; about 50% of them had changed their positions within 18 months of graduation. Therefore, it appears that by nature of their obligations and their maturity, Quo Vadis graduates provide a more stable work force.

Hours of Work

There does not seem as yet to be any discernible difference between younger and older graduates in terms of the hours worked. The largest proportion of all new graduates work three shifts on a rotation basis, with an infinite variety of combinations. As they gain experience and seniority a great many seek and find jobs where the hours are less strenuous and more predictable.

Again, it is too early to say, but it appears that the younger graduates are less willing than the older ones to continue working shifts and the reasons that many of them give for changing jobs is their aversion to working hours which exhaust their energies and prevent them from living a 'normal' life. Such a 'normal' life presumably includes dating which is, of course, not a prime concern of the older generation. It may also be that the Quo Vadis graduates, many of whom are still lacking in self-confidence, feel that they need more experience and acceptance before asking for more agreeable working conditions.

Evaluation of work performance of Quo Vadis graduates

Any evaluation of the graduates' work performance, whether by themselves or by their supervisors, must be seen in the context of the two-year debate. It was this debate, primarily, which led to the establishment of the Quo Vadis School.

The two-year program of nursing education is not universally accepted by Canadian nurses, although most of the

leaders in the field have, for the past several years, generally advocated its acceptance. In Ontario this advocacy dates from the early 1950s when an experimental two-year program was conducted in Windsor. The experience gained in this experiment convinced many educators that, under certain conditions, the two-year program could prepare students for basic nursing positions. Not everyone agreed then; not everyone agrees now.

Although over-simplified, the issue may be stated as follows. The three-year program of nursing education has characterised hospital-sponsored diploma programs of nursing education for many decades. In this system, the nursing service department of the hospital exercises a great deal of control over the students' practical experience and nurse educators must adapt the educational program to meet the service needs of the hospital.

At its worst, this system has been described as 'slave labour' and hospitals accused of exploiting the students by depending upon them rather than employing a sufficient number of graduate nurses to supply the necessary patient care. One of the results is that students perform endless repetitive tasks which have no basic learning value when they should be engaged in an educational program under the constant supervision of their instructors.

Hospitals, on the other hand, were faced with chronic shortages of money and personnel and claimed with considerable justification that they had no alternative but to use students to supply needed patient care. The personnel of some hospitals believe that this system has proved its worth and should be continued. A large number of nurses believe that the problem can be solved by giving hospital school authorities complete control over the students' time; others would go even further in separating the training function from the hospital and would establish nursing schools in educational institutions.

With the rapid development of knowledge and technology in the health field and concurrent demands for more sophisticated care, nurses are now carrying out procedures which were once the sole prerogative of the physician. For this and other reasons, nurse educators press their demand for control of the students' program and point out that such control would mean the abolition of needless repetitive procedures and, given other necessary conditions, enable the traditional three years to be shortened to two years.

During the 1950s, a first formal move was made in Ontario to resolve this problem and a new type of program was introduced into a number of Ontario schools. This was widely known as the 'two-plus-one' program, reflecting a design which was educationally-oriented for the first two years and in the third provided a type of internship during which the student receives a stipend.

The first two-year program, as such, was set up as a demonstration school in Windsor in January 1948, and continued until 1952. This project was widely acclaimed a success by many nurse educators. The two-plus-one programs were an attempt to revise courses in the light of this success. Another immediate outcome was the establishment, in 1960, of the Nightingale School of Nursing in Toronto. This was the first permanent two-year School. It was followed by two other two-year schools in 1964, one of which was Quo Vadis.

Since 1964, the two-year program has received increasing support and many more hospital schools have adopted the 'two-plus-one' program as an interim step towards the two-year course, while those who already had the 'two-plus-one' are moving into the two-year program. It is perhaps worth noting the probability that more diploma schools of nursing may be established in community colleges.

As suggested above, the establishment of the Quo Vadis School of Nursing was an outcome of the two-year debate. One of the arguments frequently used by those who were opposed to the two-year program was that the young high school graduates who make up the bulk of candidates for enrollment in hospital schools would be too immature after only two years. If this was true, then one obvious solution would be to offer the two-year program to mature students. This paved the way for the establishment of the Quo Vadis School of Nursing.

This report is in no way intended to be an analysis of the merits of two-year versus three-year programs, but one other point needs to be made. While the shorter program is often viewed as a telescoping of a three-year program and judged accordingly, it does in fact represent a different approach. Nonetheless, much of the criticism directed towards it is based upon what is viewed as an impossible compression of the content of three years into two years. It is also opposed by nurses who, in one way or another, express the view that what took them three years to learn cannot be learned by others in only two years.

This, in turn, relates to what is probably the crux of the whole matter and that is the nature and extent of the practical experience needed by student nurses. On this point there is much difference of opinion. Given the nature of the health profession and the advancements in medical knowledge and technology, this issue may never be completely resolved, but must be taken into account in the assessment of the work performance of the first Quo Vadis graduates.

Many nurses claim that nursing is the only profession which expects its new recruits to function immediately upon graduation as fully-qualified practitioners. In many, if not most situations, new graduates assume full responsibility for the conduct of a hospital unit – generally on afternoon or night shift – within weeks of graduation. Hospital personnel expect this level of performance because they are short-staffed or because nursing functions are not always distributed efficiently among existing personnel, and they tend to blame the schools for not equipping their students to carry out this function adequately. Educators protest that they are preparing and can only prepare nurses for first level positions and that recent graduates should only be expected to assume more senior positions gradually.

This situation gives rise to what we have called 'the orphan syndrome' with neither nursing education nor nursing service prepared to accept primary responsibility for helping the new graduate over the transition period. The resulting trauma is expressed by many new graduates – whether of two-year or three-year programs – as they are thrust into positions of authority and responsibility beyond that for which they have been prepared.

Evaluations of and by the graduates of the Quo Vadis School reflect these environmental factors. For the first graduating class, it was particularly difficult since they felt

they had to prove themselves on three levels: as graduates of a new school of nursing, as graduates of mature years, and as graduates of a two-year program.

Pre-graduation discussions of what lay ahead showed the uneasiness of the 1966 class in all three areas. This was high-lighted by the fact that they, as a group, had been the focus of much (perhaps too much) publicity during their two years and felt that all eyes were upon them.

The responses received both from the nurses who have supervised the Quo Vadis graduates and from the graduates themselves reflect the ambiguities apparent in the situation described above. For example, one supervisor relates:

> This particular nurse was, I feel, unprepared for the role of a registered nurse as we have in this hospital – e.g. caring for more than three patients, team-leading or charge nurse responsibilities.

Similarly, a graduate comments:

> I was expected to do and handle myself like a three year graduate or as a woman my age who has worked as a nurse for many years.

Similar sentiments are expressed in several responses. About half (51%) of the 47 responding supervisors had previously observed graduates of two-year programs and only about one-third of the total believe that such programs provide adequate training for nurses whether young or old. The remainder are uncertain about its adequacy for either young students or mature students or both. A significant proportion who are unwilling to endorse the two-year program in general do believe it is adequate for mature students.

The Quo Vadis graduates, therefore, like graduates of the shorter program, are more frequently than not under the supervision of nurses who have doubts about the adequacy of the training the graduates have received. Given the lack of confidence which many graduates still feel even after successful completion of the registration examinations, such doubtful attitudes on the part of their supervisors made adjustment to their first jobs difficult for many. Asked to comment on the Quo Vadis program, these graduates frequently express the view that their program should have included more experience. The specific type of experience that they would like to have had, however, varies considerably and some submitted long and different lists of procedures and equipment with which they would like to have been familiar.[31]

In a recent article in the Canadian nurses' journal on the attitudes of nurses to nursing, Dr. G. C. Costello discusses the same problem and notes that the conflicts between a nurse's expectations and the expectations of her supervisor may well be the result of discrepancies in the perceptions of nursing held by nurse educators and those who supervise graduate nurses.[32]

[31] In reviewing these suggestions it became apparent that in some cases the graduates had, in fact, had opportunities to become familiar with many of these procedures. This led to a realisation that some students tend to avoid opportunities for learning if they come at a time when it is particularly difficult for them to assimilate them.

[32] G. C. Costello, "Attitudes of Nurses to Nursing". *The Canadian Nurse*, June 1967.

It should be stressed that not all graduates are in conflict with their supervisors or, if they are, do not comment on it. Several feel quite satisfied with their training and adjusted to their first jobs very quickly and with a minimum amount of difficulty. These incidentally were not always supervised by nurses favourably disposed to two-year programs.

Some of the graduates who had been Certified Nursing Assistants returned, for their first jobs, to the hospitals where they had been previously employed. While in some cases it was a successful experience, for others it was exceptionally difficult. One graduate describes her experience as follows:

> I tried to work at the hospital but couldn't seem to adjust. At first I didn't know what it was but it finally sunk in that they didn't especially want me after I received my R.N. I looked for the reason in my greenness as a 'new graduate' but found I knew my work and the training was good. I made mistakes while in charge at the desk but that was lack of knowing the routine and I was too slow for them. A couple of nights and help from those who had worked the shifts helped me organise my work and know what was expected of me. I still wasn't making it and gradually losing confidence, so I went to X hospital. Such a difference! They welcomed me as a new graduate, encouraged and helped me. I feel fine.

The graduates of the first two classes were known personally to the research staff and it appears that, in the great majority of cases, the evaluations submitted by the supervisors appeared valid and honest and not excessively coloured by respondents' views about two-year programs. On this basis, their collective judgement of the graduates is the most valid assessment available at this time.

The Respondents

In May 1968, there were 57 graduates whose work performance could begin to be assessed. About half of them had been eligible for employment for a year and nine months and the other half for only nine months. Evaluation forms were sent out to nurses who had supervised 51 of the graduates. The other graduates were not, for various reasons, in positions where evaluations of their work could be obtained.[33]

Forty-eight evaluations were returned, completed by 41 nurses. The nursing positions held by these 41 nurses were as follows:

Director of Nursing Service	10
Assoc./Asst. Director of Nursing Services	3
Supervisor	6
Adm. Asst. – Nursing & Food Services	1
Head Nurse	18
Asst. Head Nurse	1
Clinical Instructor	1
Building Supervisor	1

[33] For example, two were in charge of small nursing service units in non-health institutions, and thus not under the supervision of another nurse.

Other than their positions, nothing is formally known about the respondents. They were, however, asked whether or not they had previously observed graduates of two-year programs and whether or not they consider the two-year program adequate for nurses in general and for mature students in particular. The following results were obtained.

Twenty-one of the 47 respondents had previously observed two-year graduates; one, in fact, was herself a graduate of the two-year program. Ten of the 21 believe the program is adequate for all student nurses and three believe it not adequate either for young or mature students. Five of the remaining eight feel it is adequate for mature students but either believe it is not adequate for young students or are unsure. The other three are in favour of two-year programs for young students, two of them are unsure of its adequacy for mature students, and one believes it is not adequate.

Of the 19 respondents who had not previously observed two-year graduates, five believe the program is generally adequate and two that it is not adequate. The remaining 12 have mixed views but seven of them approve of the two-year program for mature students. Thus, of 47 nurses who have supervised Quo Vadis graduates, 29 (62%) believe two-year programs are adequate for mature students, or, perhaps more significantly, 38% of the nurses who evaluated the Quo Vadis graduates either believe the two-year program is not adequate or are doubtful about its adequacy.

One other factor needs to be kept in mind in reviewing the collective judgement of the supervisors. While there is no information available on the ages of the respondents, it may be assumed that many of them are younger than the Quo Vadis graduates whom they are evaluating. Moreover, all of them were evaluating the performance of older women in contrast with their more usual practice of evaluating young graduates. These factors undoubtedly had some effect on their judgement.

Turning then to the evaluations, they may be considered in three main categories, as follows:

1. The general qualifications of the graduates in terms of reliability, work-organisation, reaction to emergency situations, and relationships with patients and other staff members.
2. The professional qualifications of the graduates in terms of knowledge, competence, adaptability, self-confidence, judgement and administrative capacity.
3. The professional qualifications of the graduates in similar terms but as they compare with those of other recent graduates.

In summary, the graduates as a whole are seen as punctual, very reliable, generally well organised and with good personal relationships, particularly with patients. In the area of professional qualifications and the rating which supervisors would give them as registered nurses, the graduates were nearly all (from 76 to 96% of the responses) rated excellent or average in knowledge, competence, adaptability and judgement. Ratings of excellent or average in self-confidence and administrative ability were fewer but still constituted from 67 to 70% of the responses.

In comparison with other recent graduates, they are judged to be roughly similar in all categories. The only noticeable difference is the high rating given to many Quo Vadis graduates in the area of knowledge, of competence, and particularly in 'willingness to learn,' and the relatively low comparative rating in the areas of experience and self-confidence.

When compared with the graduates' own rating of themselves vis-à-vis other graduates, it is evident that the graduates tend to rate their performance more highly than do the supervisors. This probably reflects their commitment to their program, the differences in their expectations of themselves and that of the supervisors, and both the limited time of the observation period and the limited numbers of recent graduates with whom they have been in contact. It may also reflect a tradition in nursing which has generally denied praise to students and junior practitioners. Still another reason may be the insistence of the school that the students have the courage of their convictions. The stronger ones therefore will challenge their supervisors and this also violates traditional relationships.

This assessment is, of course, a very general one and must be seen in the context of the brevity of the period on which it is based, and also of the fact that these graduates are the product of a new school, recruiting a different type of student.

It would seem appropriate to refer here to the final assessment of the graduates of Ontario's first two-year program, the Metropolitan School in Windsor:

> The average graduate of the Demonstration School compared with the *average* graduate of the three-year "Control" schools appears to be:
>
> a) at least as well-prepared for basic bedside nursing;
> b) better prepared for Tuberculosis nursing;
> c) better prepared for Psychiatric nursing and to use the principles of Mental Health with all patients.[34]

All evidence to date suggests that the same assessment can be made of the Quo Vadis graduates, with the notable exception of the reference to Tuberculosis nursing, which is not as relevant a part of training as it was 15 years ago.

As far as can be determined every graduate is satisfied that she made the right decision in entering the School. With one or two possible exceptions, none would have entered any other school. Many, if not all, are not only satisfied but very happy with their decision and feel they have gained immeasurably by the experience. They find that the most rewarding part of their work is their relationships with patients, in seeing people get well and knowing that they contributed to their recovery. Their most difficult adjustments are in the administrative area, primarily because of what they (and the school) believe to be unrealistic expectations.

Several graduates talk about plans for more education and careers in teaching. None that we know of thus far has any idea of either moving to other work or staying at home for any protracted period. A significant number have financial pressures which necessitate working, but most would probably work regardless of such pressure.

[34] Lord, A., *Report of the Evaluation of the Metropolitan School of Nursing, Windsor, Ontario;* Canadian Nurses Association, Ottawa, 1952.

SECTION D

THE INDEPENDENT SCHOOL

Historically diploma schools of nursing in Canada have been under the direct jurisdiction of a hospital. They were established partly to ensure a continuing source of nursing personnel and traditionally student nurses as 'apprentices' have supplied the nursing needs of the hospital. A sine qua non of the two-year program, as mentioned above, is its independence of hospital control. When the Quo Vadis School of Nursing was formally established, its planning committee became its Board of Directors and the School was incorporated as 'a corporation without share capital' under the Ontario Corporations Act in 1964.

The original Board of Directors has remained largely unchanged since 1964 and has guided the development of the School through its initial establishment in temporary quarters adjacent to and in co-operation with St. Joseph's Hospital to its permanent establishment on the premises of Queensway Hospital in Etobicoke. Good relationships between the Board and both St. Joseph's and Queensway hospitals has been a vital factor in maintaining the institution's independence on the one hand and co-operative obligations on the other. It is clear that the positive attitudes and commitment of all the above groups working together in the development of the School have been of inestimable importance.

It is beyond the scope of this report to discuss the details of sponsorship other than to point out that such co-operative arrangements, involving complex and detailed and constant activities, have provided essential basic support. Board members are, of course, volunteers and their work on behalf of the School has been provided in their free time.

Under the chairmanship of Dr. Abbyann Lynch,[35] the Board has included representatives from various fields – law, medicine, nursing, hospital administration and government. The personal contributions of the Board members have been essential ingredients in the success of the School thus far. A similar comment should be made about the Government of Ontario,[36] through the Ontario Hospital Services Commission primarily, and also about the professional nurses' associations and the Ontario Hospital Association.

Thus, while the School is independent, its development has been promoted by the team-work of a number of responsible agencies and individuals. Again, the success of the School to date suggests that this approach has been a good one.

Administration in the Independent School

When the Quo Vadis School of Nursing was established it was only the second independent school in the province. The first one was the Nightingale School which was established in co-operation with the New Mt. Sinai Hospital, whose facilities were available only to Nightingale students. While the Quo Vadis School had the co-operation of St. Joseph's Hospital for its first three years, this hospital had its own School and facilities had to be shared with the St. Joseph students.

Theoretically, St. Joseph's and the adjacent hospital for the chronically ill, Our Lady of Mercy, had sufficient facilities to enable both schools to obtain clinical experience for their students in most nursing areas. Moreover, very few traditional hospital schools can provide their students with the extent and variety of needed experience. It is, in fact, more usual than not for students to go to other institutions for practice in nursing children and the mentally ill and for experience in public health and rehabilitation. Thus, St. Joseph's students go elsewhere for limited periods of time in order to obtain all of their required practice.

From the beginning it was obvious, therefore, that the Quo Vadis students would need to be placed in other institutions from time to time. This need grew more rapidly than was anticipated and produced myriad administrative problems. For example, the fact that Quo Vadis students were 'different' and the two-year program was different necessitated more interpretation of students' needs and the School's philosophy to the personnel of the hospitals where students would be sent. Only through careful interpretation could mutual expectations be realistic. That they have not always been so does not reflect lack of planning but the inevitable breakdown in communications. Such breakdowns aggravate a difficult situation and require endless hours of patient reworking of rotation schedules.

An illustration of this might clarify the problem. The School may plan for eight students to spend three days on the medical-surgical floor of X hospital. Selection of the eight students is based on a number of individual considerations which include not only their need for specific experience but the accessibility of the hospital to their homes. (This is a feature of planning peculiar to the Quo Vadis School because of the type of students.) The process requires painstaking care and, upon completion, is submitted to the hospital in question. Not infrequently the hospital will have made other plans or the Quo Vadis instructor scheduled to accompany the students will have suddenly become ill. Either event can necessitate starting over again from the beginning.

This type of problem has been one of many which taxed the administration and which has been only partly eased by the move to Queensway Hospital. While the School has first call on the facilities, they are still insufficient to provide all the experience necessary. Mrs. Beryl Gaspardy, one of the first four staff members of Quo Vadis, became Director of Nursing at Queensway Hospital at approximately the same time as the School moved there. This provided a very important point of continuity. However, the difficult task of securing for each student the right experience at the right time, under the right supervision, will continue to make many demands on staff time.

THE IMPLICATIONS

It has not required a research program to prove that, to date, the Quo Vadis School of Nursing has been a success. It has, as predicted, attracted mature candidates who would

[35] Mrs. Lynch has also taught philosophy and ethics and has maintained her interest in the students as individuals as well as in all aspects of the School's development.

[36] The support and interest from the beginning of the provincial Minister of Health, the Hon. Matthew B. Dymond, M.D., has been a factor of great importance.

not have otherwise entered nursing and attracted them in sufficient numbers to ensure the permanent establishment of a school designed specifically to meet their needs.

The research program has, however, contributed significantly to this success and provides a source of measuring its dimensions and the probability of continuing success. In presenting the implications of the research findings to date, it must be stressed once more that the data on which it is based are insufficient to permit of more than tentative observations in most areas, both in terms of the amount of time which has elapsed since the School was established and the scope of the analysis.

Source of Candidates

All the evidence shows that there is a sufficient supply of potential candidates both interested in and qualified for the program offered to warrant both permanent establishment and increase in enrollment. In terms of supply alone a good case could be argued for even further expansion in the direction of setting up additional similar schools. However, supply of candidates is, in fact, only one of many conditions which have contributed to the success of the School.

Selection of Candidates

The method of selecting candidates established in the early months of the School's existence has remained substantially the same. Begun under the aegis of the research program, the process has demonstrated its importance and has become part of the normal operations of the School. The process has four essential elements: the completion of an application form, the writing of tests administered by a psychologist, one or more personal interviews and a joint decision of staff about the application.

The School is increasingly faced with the necessity of making choices to fill the available places. This is done essentially on a first-come-first-served basis, but some preliminary efforts have been made to establish criteria on which choices should be based. It now appears that a pre-enrollment waiting period of one year or more, where appropriate, is conducive to better adjustment to the program and is an important factor in selection. Definitive criteria may never be possible but tentative ones will be based on experience and on the continuing assessment of graduate performance.

Optimum size of the School

The first class, enrolled in 1964, numbered 32; the most recent class, enrolled in 1968, numbered 50. Decisions about total numbers have been based on a number of considerations – the size and availability of facilities for classroom and clinical instructions; costs; the special nature of the program; the availability of staff and the experimental nature of the program. The maximum enrollment figure on which the construction of a school building was based was a total of 150 or 75 students per year. Studies of the program suggest that this number is optimum and present high rates of retention of students can be maintained only if candidates are carefully selected and other features of the school are maintained. These safeguards may be expected to continue to provide high cost/benefit rates.

The Graduates

The implications to be derived from the work performance of the graduates are the most tentative. If, however, present trends continue, the graduates as a whole will constitute a source of professional nurses at least equal in calibre to graduates of traditional schools and probably more stable in terms of job tenure and number of years in nursing.

The need for continuing research

Reference has been made throughout this report of specific instances where further investigation could provide more reliable data on which to base conclusions about the development of the School and some predictions about its future. The data are available in many areas and can be analysed; in other areas more data need to be collected. Much time, money and effort has been expanded in establishing systems appropriate to the collection of this information and should not be wasted. The information processed to date has not only been very helpful in developing the School's program but has also been of great interest to educators of nurses and adult educators throughout Canada and elsewhere.

CONCLUSION

Since nursing is still mainly a woman's profession, any school of nursing or indeed any aspect of the profession as a whole must be seen in the context of the times and particularly of the status of women in our society. In 1968 throughout the western industrial world the numbers of women, particularly married women, entering or re-entering the labour market are still increasing. At the same time, an increasing number of adults are returning to school and most adult retraining programs are flooded with applications. This phenomenon is also of importance in evaluating the success of the Quo Vadis School. If both of these trends continue, it is likely that the School will continue to attract candidates. What is probably most exceptional about the School is its ability thus far to keep students. This is not typical and the future of the School may well depend upon it.

Finally, the future of the School will be to some extent dependent upon the future pattern of nursing education. At the 1968 meeting of the Registered Nurses Association of Ontario, there was agreement that separate single-purpose institutions under the Department of Health are incompatible with modern trends in nursing education. The Quo Vadis School's unique feature may ensure its continuance as a separate single-purpose institution. At present there is much evidence that in a full-time program older women benefit from being separated from the younger ones and being in contact with their peers.

As far as can be told at this time, the success of the School is based on four features: the quality and motivation of the students; the design of the program, including counselling and its adaptation as a result of experience and of research findings; the qualifications and attitudes of the staff; and the independence of the School and its support by an interested and able Board, the Government of Ontario and the professional nurses' association.

If these can be maintained in substantially the form they exist at present, the Quo Vadis School of Nursing will probably continue to succeed.

Part II:

Details of Research Findings

Report on Quantitative Research

Introduction

The research priorities relevant to the establishment and development of the Quo Vadis School of Nursing were selected in the light of observation and experience. The anticipated plan of estimating the potential constituency from which students could be drawn, for instance, turned out to have low priority because the school had few recruitment difficulties. Instead, research became focused upon the educational process itself, where a number of questions required immediate if tentative answers.

Aims

The research aims were twofold: first, to investigate some areas of interest and concern in order to provide information for immediate and specific application at the school; second, to explore issues of more general significance and importance to nursing and human behaviour in general. In other words the research was intended to be both 'applied' and 'pure.'

The immediate applied and particular research for Quo Vadis involved the location of particular problems and the investigation of difficulties located by the staff and students of the school. Then information from the studies was fed back to the school so that early modification of the program could be instituted if necessary. In longer terms it was planned to follow through the educational process, and the graduates' experience in the work world, to see if modification of the elaborate selection procedures was desirable. In still longer terms the examination of the work history of the graduates was desirable, in order to evaluate the mobility, drop-out rate, and patterns of work characteristic of mature graduates. In many ways, the justification of the Quo Vadis School is found in the contribution that the graduates make to the nursing field.

In more general 'pure' research terms, it is important to explore the complex processes through which the individual becomes resocialized. Further, patterns of mobility of nurses, the rate of departure from the occupation, and some understanding of the process involved are all important to the profession. So, although the Quo Vadis School is an unusual and specific instance, the data may well give some valuable information in nursing and human behaviour in general.

The Plan

The research utilised a longitudinal approach. This approach poses two particular problems. First, it requires time, patience and money. When the numbers involved are small (less than fifty in the first class) and the time span for the process is long (a minimum of four years), it takes considerable time and routine persistence to collect sufficient data for meaningful analysis. This is why the research was envisioned as a ten-year period. A second problem is that, to the extent that the applied research generates feed-back, the findings from year to year are not comparable. Different policies and different personnel, not to mention different students, create a different school. In many respects the school is not the same this year as it was in the year of its inception.

With these reservations in mind, the longitudinal approach was utilised, and an elaborate series of data-collecting techniques was utilised.[1] This report is based upon quantitative data supplied by a series of questionnaires. It would have been preferable if the information could have been solicitied through personal interviews but time and cost ruled out this approach. All questionnaire data were returned to the researcher rather than to the school, and the identity of the respondent who contributed the information is confidential. This was done to encourage frank expression of opinion. The data on each student were coded, punched on I.B.M. cards, and on the basis of mechanical sorting, cross tabulations were constructed. Just under a thousand tables have been constructed by this process.

Although the data could be selected and presented in many ways, it was decided to present the information in the sequence of the training, presenting a selection of the students' records, feelings, attitudes and problems during the process. The data then are presented in chronological order: background data; first year; second year; first year of work and second year of work.

Until this report, it has been possible to present only the accumulated marginals (in each annual report of the school). At the end of five years there is a sufficient quantity of data on some of the processes to be able to relate some dependent and independent variables. Data concerning 154 students in the first four classes have been processed. Although accumulated information provides us with the social characteristics of all these students, we have data on the work experience of only a fraction of the 154 students because not all classes have taken their place in the work world. With these considerations in mind, it is clear that tests of statistical significance are inappropriate at this time.

SOCIAL CHARACTERISTICS OF THE STUDENTS

(N = 154, N.A. = 0)[2] The students at Quo Vadis ranged quite widely in age; 43 per cent were thirty-nine or younger and 57 per cent were over forty.

(N = 154, N.A. = 8 per cent) The great majority of students were Protestant (72 per cent), 23 per cent were Roman Catholics, and an additional 5 per cent were of other faiths or claimed no religion. Eight per cent of the total did not answer the question concerning religion.

[1] The details of the information collection are given on page 2.

[2] From time to time there is no response for some questions; this occurs for a variety of reasons – a questionnaire is not returned, a question is left blank, an answer which is inconsistent with other answers and thus invalid, or withholding answers as a gesture of hostility and a fear of incrimination. The number of no answers (N.A.) will be noted as a percentage of the whole group (N). The answers will be percentaged on the basis of those replying.

(N = 154, N.A. = 4 per cent) The majority of students were born in Canada (73 per cent); 10 per cent were born elsewhere and have become naturalised Canadians; the remaining 17 per cent, although Canadian residents, are citizens of other countries.

(N = 154, N.A. = 10 per cent) At the time of enrollment in the school just over half (58 per cent) of the students were working full time. An additional 12 per cent were working part time, while the remaining 30 per cent were full-time homemakers.

(N = 154, N.A. = 0) Almost all students had had some working experience. A wide variety of occupations was represented. In all, 33 per cent had worked in the nursing field (for example, as Certified Nursing Assistants, or as midwives). An additional 14 per cent had worked in the technical nursing field as aides, practical nurses and so on. Clerical workers made up 34 per cent, professionals (such as teachers) 7 per cent, and the remaining 10 per cent were in a wide range of different occupations. Only one per cent had had no previous work experience.

(N = 154, N.A. = 0) As might be expected, enrollment varied inversely with the distance of the domicile from the school. Fifty-four per cent of the students came from Metropolitan Toronto, 28 per cent from other communities in Ontario, and 18 per cent lived outside Ontario at the time of enrollment.

(N = 154, N.A. = 0) There were major differences in residential mobility among the students. At one extreme some were born overseas, made many moves, emigrated, lived in various Canadian cities and in a number of locations within the same city; at the other extreme, others were born and lived their lives within a few blocks of the same city. Those who lived their lifetime in the same district and those who made only one or two moves were categorised as 'stable'; these accounted for 20 per cent of the student body. The mobile group, defined as those having made three to five moves, made up 56 per cent, while the very mobile (six moves or more) accounted for 24 per cent of the students.

(N = 154, N.A. = 0) Three-quarters of the students had some post high school education, ranging from a short course to university training. Almost half (48 per cent) had some education in the nursing field, and an additional 7 per cent were trained in a related health field. Twenty-one per cent took post-basic formal education in other fields, and 25 per cent had no post-basic formal education. A large number of the students had participated in informal courses and education-oriented group activities.

(N = 154, N.A. = 0) Excluding the three males, over half (58 per cent) of the students were married, 17 per cent single, 11 per cent divorced, 8 per cent widowed, and 6 per cent were in religious orders.

In all, then, combining the single women and those in religious orders, we have 23 per cent of the students who were childless. If we consider the 116 married, divorced and widowed women, 9 per cent had no children, 17 per cent had one child, 35 per cent had two children, 19 per cent had three children, 18 per cent had four children, 6 per cent had five children, and 1 per cent had six or more children.

The children ranged in age from a few years to adults. Of the 106 women with children, 11 per cent had children four years of age or younger, 35 per cent had children aged five to nine, 23 per cent had children from ten to fourteen, 21 per cent fifteen to twenty, and 10 per cent had children who were over twenty.

(N = 154, N.A. = 0) Each student brought to the school a fund of knowledge and an accumulation of skills and ability. The I.Q. test is one measure of these and despite its limitations it does serve to categorise students (whether or not they respond well to test situations).[3] Exceptional scores of 140 and over were achieved by 8 per cent of the students. Scores of 130-139 were achieved by 29 per cent, scores of 120-129 were achieved by 37 per cent, and a further 26 per cent received scores under 120. It should be noted that in the selection procedures, the score was only one index of admissability. Selection took into account personality, motivation and other factors in addition to I.Q.

(N = 154, N.A. = 8 per cent) Some students were forced to move their family close to the School, others disrupted family relationships. Students worked and studied under various living conditions; some were able to continue their relationships with family members, friends and neighbours while others had to disrupt family relationships. Half were able to live with their family, with no move of household (though many had to make a long journey to and from school), but 7 per cent could remain with their family only because the family moved, and an additional 10 per cent moved without family.

Entering the school represented no geographical move for 11 per cent of the single women. Among the members of religious orders a few remained within their original religious order, but the others were forced to move temporarily from one religious institution to another.

These, then, represented the social attributes of the students – their age, religion, citizenship, I.Q., education, marital status, number of children, employment history, and the living arrangements necessitated by their entry into the school. We assumed that some of these attributes were of great assistance to the student while other created difficulties. Certainly, the students did not enter the school with similar qualifications, problems and assets. One of the problems, then, was to see which of these attributes, under what conditions, seemed to affect their subsequent education and career.

THE FIRST YEAR OF TRAINING

We now turn to the long and complex education of the nurse. We trace a heterogeneous group of students through a long, painful and often taxing process in which they learn basic skills, theories and practices; they internalise an ethic, a point of view and a sense of responsibility that is part of the professionalisation of the student.

Any nursing student experiences many thrills, disappointments and discouragement, and these, in turn, engender feelings and attitudes. All students have periods of hostility, disillusionment, conflict and difficulty. Older women going through this process may have additional feelings of insecurity; certainly they have to cope with problems in addition to the difficulties experienced by the younger nursing student. Without doubt, the Quo Vadis students have carried a heavy load of social and financial responsibilities compared to the younger students-in-training.

[3] See Appendix C.

At the end of the first year, each student answered a detailed questionnaire and wrote a short essay summing up the experiences of the year. From these sources, we know something about such subjects as attitudes toward academic work, areas of criticism of the school, its personnel and the training process, feelings of confidence, goals in five years, and so on. As each of these topics is introduced in turn, the report will provide the distribution of opinion or activity for the entire group, followed by the distribution as it is influenced by four variables – post-secondary education, age, I.Q. and marital status. It should be added that the four variables were tested for independence. (For example, the divorced women are not all the most intelligent, or the oldest women are not all trained in pre-professional nursing).

Nursing Alternatives

The presence of a student in the Quo Vadis School neither indicates her aims and aspirations nor suggests priorities among the student's values and aspirations. Some students, for instance, may hope to be general nurses in hospital settings as soon as they are able; others may wish to go on to university to continue education, and may devote a great proportion of their life to educational courses; still others may find nursing secondary to the goal of escaping from the confines of the home.

This aspect of students' aspirations was tapped by asking about alternatives to the School and the students' goal five years from now. The first question was:

> "If you had not been admitted to the school, what alternative occupation or training would you have selected?"

(N = 154, N.A. = 20 per cent) Of those who answered, 22 per cent would have taken (or continued) a job in the health-nursing occupational field; 15 per cent would have taken some alternate health-nursing education; 24 per cent would have studied outside the health field, and 29 per cent would have taken jobs far removed from the health field. In other words, about half the students, had they not been admitted, would have continued their education or taken jobs in areas far from nursing.

As one might suspect, this choice of alternative is related to the post-formal education of the student. A little less than 50 per cent of the students who had had previous nursing-related education chose a field outside of nursing, in contrast to 81 per cent of those who had had no post-secondary education, and 72 per cent of those who had post-secondary education in fields other than nursing.

Age seems to produce rather different alternatives. Almost a third (28 per cent) of the women over forty would have entered an occupation related to the medical and nursing field, compared with 13 per cent of those under forty; a full 62 per cent of the women under forty would have entered an educational and occupational field far removed from nursing while 48 per cent of the older women shared this orientation. Within the health-oriented activities, however, there is another striking difference between age groups: two-thirds of the older women were considering entering the work world, but almost half of the younger ones planned to take some type of training.

There are distinctive differences in alternatives to nursing when seen in relation to students' I.Q. Almost half of those with the highest I.Q. would have entered some sort of training (non-health) as an alternative. In contrast, 40 per cent of the lowest category of I.Q. would have entered occupations far removed from nursing. One quarter of the students with intermediate I.Q.s would have entered the medical-nursing field in some capacity.

When marital status and the number of children are considered, there are a number of trends: over 40 per cent of the single, the religious and those married with two or fewer children chose an alternative oriented toward nursing; one third of the other categories, the widowed, divorced and those married with large families (three or more children) would have chosen this alternative. On the other hand, only one third of the single, religious, married with two or fewer children would have continued education (no matter what field) compared with 45 per cent of the married women with large families, the widowed and divorced. In fact, 37 per cent of the widowed and divorced chose a form of education not related to nursing.

Attitudes toward Academic Work

(N = 154, N.A. = 23 per cent) Most of the students have been away from formal education for many years. Both housewives and working women have been preoccupied with practical day-to-day work. Many failed to see the relevance of chemistry, philosophy or sociology to nursing. Only 28 per cent find intellectual challenges interesting and like to study. A full 72 per cent preferred practical (clinical) work.

Interestingly, a higher proportion of those who have had post-secondary school training in nursing or health-related subjects prefer practical work than those who have had no post-secondary school training or those whose training was in other fields. The difference, however, is not significant (70 versus 75 per cent).

Age made little difference to the attitudes of the students toward their work. The women over forty were more inclined to favour practical work.

The low I.Q. grouping had the largest proportion of respondents preferring practical work (81 per cent). The next higher I.Q. group, however, shifted to the other extreme – 39 per cent liked formal academic work (compared with 22 per cent in the next highest, and 30 per cent in the top I.Q. grouping).

A third of the married women with three or more children enjoyed studying, compared with 28 per cent of the widowed and divorced, 19 per cent of the married with two or fewer children and 18 per cent of the single and religious.

Areas of Criticism

(N = 154, N.A. = 16 per cent) At the end of their first year, the questionnaire contained a series of specific and open-ended questions asking the student to evaluate various aspects of their training, their classmates and their staff. The questions included:

> "In your first year, what subject(s) did you find most difficult? What was the reason for the difficulty?"
>
> "In your first year, what subject did you find most interesting and enjoyable? Why did you find it interesting?"
>
> "In what ways did your classmates influence you during the year?"

"In the ward, were you always given sufficient responsibilities? Give examples."

The answers to these questions, the essay and the general comments at the end of the questionnaire provided extensive indications of the criticisms of each student. Although the questions were phrased in a neutral manner, many responses were far from neutral. Some students pointed out that it might be helpful to have some subject covered in the curriculum before some specific ward experience, but went on to explain that they realised the difficulties of integrating the course work with the ward experience in many hospitals; in contrast, other students criticised some staff members (named or unnamed) or some school rule in the strongest terms. Answer after answer indicated their hostility.

Probably the most interesting data are that 29 per cent of the students had no criticism whatsoever. Life in Quo Vadis was a bed of roses, they were at the School to fulfill a life-long ambition, the staff was most helpful; they saw nursing as challenging but interesting. As the respondents had to answer some twenty-five questions on this subject, and write about their experience generally on a confidential questionnaire that was not to be shown to the staff,[4] there can be little question of the sincerity of their replies and the reliability of this figure.

On the other hand, 7 per cent were mildly critical of the amount and nature of the book-work and study, and another 11 per cent objected strongly to academic work. In contrast, 5 per cent directed objections toward staff members in general, and an additional 18 per cent (12 per cent mildly and 6 per cent strongly) objected to the attitudes, behaviour and ethics of their classmates.

These findings have to be interpreted with some care, because it is often easier to blame a situation than oneself, and it is easier to blame people than a situation. This tends to be borne out by the distribution of the focus of criticism; all of the objections to the clinical experience came from those with no post-secondary background in health education and experience. The criticism of staff members in general was distributed equally among students from each type of post-secondary experience. The 'no criticism' category was about 35 per cent for each group except those who had had no post-secondary experience where it dropped to 15 per cent. The majority of the objections to classmates came from the group who had had no post-secondary educational experience.

The age of the respondent had a good deal to do with the focus of the criticism. For example, 26 per cent of the women over forty criticised the amount of work, compared to 7 per cent of the women under forty. The women under forty were more inclined to criticise the clinical work. At the end of the first year one quarter of the women under forty had no criticism, and one third of the women over forty had none.

A different pattern emerges when the focus of criticism is considered in relation to I.Q. These marked trends can be summarised in general propositions. The higher the I.Q. the less likely there is to be criticism of the school (from 45 per cent in high I.Q. to 20.8 in the lowest group). The higher the I.Q. the more likely that criticism is directed toward classmates (36 per cent of high I.Q. versus 16 per cent low I.Q.). The higher the I.Q. the less likely to criticise the staff (9 per cent high, and 40 per cent of the second lowest I.Q.). The higher the I.Q. the less likely to criticise clinical experience (no criticism versus 6 per cent). The higher the I.Q. the less likely to criticise the amount of work (9 per cent versus 24 per cent). These differences are marked and statistically significant.

One third of the married women tended to have no criticism of the school compared to about 20 per cent of the single, religious, widowed and divorced. About 40 per cent of the single and religious concentrated their criticism on the staff compared to one quarter of each of the other categories; 16 per cent of this criticism was directed toward particular staff members. An additional 26 per cent of the criticism of the single and religious group was directed toward class-mates.

Goals in Five Years

(N = 154, N.A. = 16 per cent) In the first year the student begins to visualise her ultimate place, career line and occupation. Each student was asked:

"What do you hope to be doing five years from now?"

Of those who replied, 46 per cent answered "nursing," in general; 27 per cent answered "nursing" but were quite specific about either the role (Director of Nursing Services, for example) or the field (such as psychiatric) or both. Twelve per cent expected to be furthering their formal education. An additional 6 per cent named occupations far removed from nursing, most of them quite specific; 10 per cent did not know where they would be in five years time. At the end of the first year, then, 73 per cent of the students expected to be nursing in five years time. A good proportion of these had selected specific goals within the broad field of nursing.

Although there are no significant relationships between expectations and post-secondary education, there is a slight gradation; a higher percentage of those with some nursing training selected nursing, a smaller percentage among those with health education than other education, and a still smaller percentage among those who have had no post-secondary school education. This is to be expected if we assume that past activities have some relationship to present plans and commitments.

Although 89 per cent of the women with two or fewer children, and 79 per cent of the women with three or more children, saw themselves as nurses in five years, 68 per cent of the single and religious, and 48 per cent of the widowed and divorced saw themselves as nurses in five years. Over one quarter of the widowed and divorced answered "don't know."

The age of the respondents makes some difference to their views of their career line. Seventy-eight per cent of the women over forty expect to be in nursing (65 per cent of those under forty), and over half of these older women answered in terms of nursing in general, compared with 38 per cent of the women under forty. On the other hand, it is the younger women who are interested in continuing their

[4] Especially in the first year, some students were suspicious that the questionnaires were shown to the staff.

education beyond the present point. Fully one quarter of the women under forty see themselves in school five years from now, compared to 3 per cent of the older women.

About 75 per cent of each of the top I.Q. categories plan to be in nursing (general or specific), but only 58 per cent of the lowest I.Q. category list nursing five years from now. The remainder of this low I.Q. group plan to continue their education (15 per cent) or enter non-nursing occupations (15 per cent), or do not know. Although 73 per cent of the highest I.Q. group plan to stay in nursing, the rest of this group plan on continuing education (27 per cent); none of this category plan a non-nursing occupation or "don't know."

First Year Confidence

(N = 154, N.A. = 16 per cent) The students were, for the most part, mature adults who had not studied for many years, were unsure of their abilities, and were not convinced that they were able to carry their other responsibilities in addition to their educational commitments. For many, the first year of training had a "reality shock" because nursing was not quite what they had expected. Under these conditions, it would be surprising if all students felt equally confident.

The questionnaire asked students to assess the courses found to be most difficult and those found to be easy, to suggest additional things that the staff could do, and so on. These questions, along with the general discussion of their experience, contributed to an index of the student's confidence in her own ability, and her ability to pass the courses.

A number of students discussed difficulties and challenges, but suggested, or stated explicitly, that they were sure of their ability to surmount all problems. This "confident" group accounted for 34 per cent of the students. On the other hand, 22 per cent felt that they were not confident that they could survive. Eleven per cent had a severe lack of confidence. In this "severe" group all questions were answered in such a way as to shift blame from the course and the staff to the respondents' own inadequacies. A considerable number of students (26 per cent) state that they began the course with little confidence, but as the year progressed they gained more and more assurance; this complex process of change involves student attitudes, the work of the staff and the behaviour of classmates. An additional 8 per cent gave no evidence whether they felt confident or not. A total of 16 per cent did not return questionnaires or did not answer enough questions to ascertain the level of confidence. Considering all the conditions under which the students operate, it is significant that 60 per cent either maintained confidence through the first year or had moved from want of confidence to an attitude of emerging assurance.

This feeling of confidence has some relation to post-secondary education; those that have had some post-secondary school training were more confident than the others. On the other hand the group with increasing confidence have had least experience with nursing and health related fields.

It is somewhat surprising that the age factor is not correlated with feelings of confidence. The distribution of feelings of confidence is identical for those over forty and those under forty.

In general, the proportion of students who indicated that they were confident increases as intelligence increases. Thus 30 per cent of the low I.Q. group claimed to be confident compared to 45 per cent of the highest I.Q. group. Despite this general relationship, however, the highest I.Q. group has the highest proportion of respondents who lacked confidence (45 per cent). The high I.Q. group is polarised – either they were confident or not confident, and only 9 per cent indicated increasing confidence (compared to 27, 29 and 26 per cent of the other I.Q. groups).

Forty per cent of the married women (no matter how few or many children) expressed confidence, compared to one quarter of the single, religious, widowed and divorced. In all, 52 per cent of the widowed and divorced indicated a lack of confidence; 42 per cent of the single and religious felt their confidence was increasing during the year.

Sources of Social Support

(N = 154, N.A. = 15 per cent) With all the problems, new situations and insecurities, it would be expected that the students would turn persistently to some friend, teacher, spouse, or classmate for reassurance and social support. There is something to be said for each source of support; family is close and intimate, but "does not understand"; fellows, although "they understand," are competitors so the student is reluctant to "unmask"; staff members, despite their "understanding" and expert knowledge, are in control of the student's destiny; recreation gives temporary respite, but provides no counsel; prayer is solitary and, for some, beneficial; "getting away from it all" gives respite, but used permanently involves opting out.

By far the greatest social support was supplied by the family (36 per cent). Considering the number of non-married in the sample, this type of social support is most significant. Next came classmates (17 per cent) followed closely by staff (16 per cent). A full 24 per cent had no social support. Eight per cent turned to friends for support, and 15 per cent did or could not answer.

The distribution of social support, or lack of it, is quite different for those who have had different post-secondary school educational experiences. A quarter of those who have had training in the field of nursing, and a third of those whose training has been outside the nursing or health field have no one to provide social support. All categories (except those trained outside the field of nursing and health, who have 37 per cent with no support) are similar in that the largest percentage of support comes from family; two groups, the "health education" and the "no post-secondary education" lean heavily on classmates (25 per cent and 37 per cent respectively). The "health field" depend considerably upon the staff (25 per cent).

A significantly larger proportion of the women over forty (29 per cent) lack social support when compared to women under forty (16 per cent). The women under forty seem to be able to use the staff (20 per cent) for social support more than the older women do (13 per cent).

Almost half of the low I.Q. group have support from the family in contrast to a quarter of the high I.Q. group. The two intermediate I.Q. categories have a third of their members deriving support from the family.

The most interesting distribution of source of social sup-

port is along lines of marital status. As would be expected many of the married women derive their social support from their families (55 per cent for two children or less, and 44 per cent for larger families) compared to the single and religious (16 per cent) and the widowed and divorced (10 per cent). Despite the similarities in lack of family support among the unmarried, we find 45 per cent of the single and religious without any social support whatever, compared to only 12 per cent among the widowed and divorced. The widowed and divorced begin their career with the following distribution: friends, 19 per cent; classmates, 31 per cent and staff, 18 per cent. The single women, however, do not have such a great reliance on classmates (6 per cent) but similar use of staff (19 per cent) and friends (13 per cent). The married women with three or more children indicate 44 per cent of them derive support from the family, and although 21 per cent rely on classmates (13 per cent of the students with smaller families do this), it remains that 21 per cent are lacking social support of any kind.

First Year Attitude

(N = 154, N.A. = 16 per cent) Ways of coping with or justifying the insecurity were through hostility toward the system, the personnel, or the occupation. The answers to all the questions, along with the evaluation of the year's experience, provided data for a typology of attitudes toward the school. There were those who gave a balanced critical appraisal (36 per cent), and those who were whole-heartedly in favour of the school and all its doings and personnel (52 per cent) and those who were hostile (12 per cent).

There were no significant differences related to post-secondary school education, except that a higher proportion of the nursing and health personnel were in favour of the educational system.

Older students were more favourable to the school. There was a higher percentage of students over forty who were neutral toward the school or in favour of the school and its training. Hostility was shown by 18 per cent of the students under forty, and by 7 per cent of the students over forty.

A higher proportion (18 per cent) of the high I.Q. students were hostile than the three lower I.Q. categories (11 per cent). A higher proportion of the lowest I.Q. group were positive toward the school (64 per cent) than the other three I.Q. categories (44, 53, 55 per cent).

Over half of the single, religious and married (with or without children) were in favour of the school, its personnel and its policies, compared to 38 per cent of the widowed and divorced; on the other hand this widowed and divorced group tended to give a critical but a balanced view of the school.

THE SECOND YEAR OF TRAINING

As training continued, attitudes changed, skills and knowledge were accumulated and new goals and aspirations made their appearance. In the second year, many students found that many basic problems had been solved, but new and unanticipated difficulties arose. The problems and issues facing college freshmen are quite different from those facing college seniors; it would be surprising if the same were not true of nursing students.

Second Year Attitudes

(N = 113, N.A. = 19 per cent) In their second year 17 per cent of the students were hostile toward the school, 40 per cent gave a balanced appraisal, and 42 per cent were much in favour of the school. This appraisal was taken toward the end of their second year but before they tried their Registered Nurse's examinations. A total of 19 per cent did not answer enough questions to establish their attitude. First and second year students show very little difference in the gross percentages of hostile and pro school attitudes.

The proportion of each category of post-secondary education who gave a balanced view was somewhat similar, but half of the students who had some background in nursing and health-oriented education were favourable toward the school. In contrast, the proportions of those whose post-secondary education was in another field, and those who had no post-secondary education were much smaller (one third) and another third of them were hostile; these groups account for almost all the hostile views.

Although the proportion of students under and over forty who were hostile to the school at the end of second year was similar to that at the end of first year, age affects the colouring of attitude within this dichotomy. Over half (54 per cent) of the younger students are favourably oriented compared to 35 per cent of the older ones. The older students tended to take a more neutral view of the school (49 per cent) when compared to the younger (26 per cent).

In the second year, a much larger proportion (45 per cent and 62 per cent) of the married women were positively inclined toward the school when compared with the single, religious, and widowed, divorced (30 per cent, and 27 per cent respectively). A full 33 per cent of the widowed and divorced were hostile to the school, and 22 per cent of the single and religious compared with 10 per cent of the married.

The distribution of opinions among the highest I.Q. group was markedly different from the distributions among all the other I.Q. groups. Only 17 per cent of the high I.Q. group had favourable opinions of the school compared with 46, 45 and 41 per cent in the other I.Q. groups. The vast majority of the high I.Q. opinion lies in the "balanced view" category (67 per cent). The proportion of "hostile" attitudes was about the same (less than one quarter) in all categories of I.Q.

Second Year Areas of Criticism

(N = 113, N.A. = 19 per cent) The focus of the criticism at the end of the second year took on much the same distribution as at the end of the first year. In all, 18 per cent focused their attention on the amount and type of work involved, except that the criticism was milder (12 per cent) rather than stronger (6 per cent). The number who were critical of the clinical experience increased (15 per cent) and the criticism of the staff increased somewhat with more of the criticism directed toward specific staff members (11 per cent) rather than staff in general (26 per cent) when compared to the attitudes of first year students. There was less criticism of classmates; a total of 12 per cent (6 per cent strong and 6 per cent mild) of the students directing criticism toward fellow students. In all, 19 per cent had no criticisms, and a total of 19 per cent of the entire sample did not answer the question.

Again there were slight differences in the distribution of these attitudes depending upon the post-secondary school background of the students. A large proportion of those students who had previous nursing or health education had no criticism. They also were less critical of the staff.

One quarter of the students over forty directed their criticism to the amount of work, compared with 6 per cent of the younger students. At the end of the second year, however, 26 per cent of the younger students and 14 per cent of the older students had no criticisms.

More of the married women had no criticism. The tendency was for more of the married women with three or more children to criticise the work load (23 per cent versus 15 per cent of the others) rather than staff members (14 per cent versus 43 per cent). Thirteen per cent of the widowed and divorced voiced strong criticism of their classmates.

None of the high I.Q. members was critical of the academic work but 67 per cent was critical of the staff; this was in contrast to the 31 per cent of the low I.Q. group and 40 per cent of the next highest, and 34 per cent of the next highest who were critical of the staff. The distribution of no criticism, in ascending order of I.Q. categories is 19, 30, 7 and 17 per cent. The major source of criticism of classmates came from the low I.Q. group (27 per cent, and 19 per cent of this was severe criticism); in contrast none of the high I.Q. were critical of their classmates, and only 3 per cent and 7 per cent of the intermediate I.Q. groups.

Goals in Five Years

(N = 113, N.A. = 21 per cent) The percentage who expected to be in nursing in five years was 73 per cent. Twelve per cent expected to be continuing their education in five years; 2 per cent intend to work in non-nursing occupations and 12 per cent were in the "don't know" category.

The older students (79 per cent) were oriented toward nursing services (43 per cent, nursing in general), compared with 63 per cent of the younger students (33 per cent, nursing in general). Again, 18 per cent of the younger ones were considering additional formal education, compared with 9 per cent of the older ones.

In the second year, all of the high I.Q. students claimed nursing as their goal in five years (80 per cent of the replies were quite specific as to type of nursing). The other I.Q. groupings were far less specific about the type of nursing that they hoped to be in; from ten to fifteen per cent of these categories intend to be continuing their education at that time. The lowest I.Q. grouping represents a very large "don't know" response (27 per cent in contrast to none in the high I.Q. grouping, and 7 per cent for the two in-between groupings.)

At the end of second year, 68 per cent of the single women, 79 per cent of the married women with small families and 86 per cent of the women with larger families intended to be nursing in five years time; this is in marked contrast to 50 per cent of the widowed and divorced. A larger proportion of the widowed, divorced and single women planned to be studying in five years. Almost one third of the widowed and divorced were unable to say what they expected to be doing in five years time.

Second Year Confidence

(N = 113, N.A. = 21 per cent) The appraisal of confidence indicates that at the end of second year, 58 per cent of the students had confidence, 17 per cent lacked confidence, 9 per cent indicated a severe lack of confidence, and 7 per cent had an increasing feeling of confidence. For 10 per cent there was no evidence one way or the other.

Sixty-six per cent of those who have had post-secondary school education in the nursing field were in the category of those who had confidence. Confidence was expressed by 42 per cent of those who had post-secondary education in a field other than health and nursing and 53 per cent of those with no post-secondary education. Those who have spent their previous life outside the health-oriented field account for the bulk of those who lacked confidence. At the end of their second year, 48 per cent of those who have had training in some other field and 36 per cent of those without training indicated lack of confidence.

Differences in age, however, did not correlate with level of confidence. The distribution of levels of confidence was the same for those under forty and those over forty.

In the second year, 83 per cent of the high I.Q. respondents signified their confidence; this proportion declined in each lower I.Q. grouping (69 per cent, 61 per cent) until reaching the low I.Q. grouping with a total of 35 per cent who indicated that they were confident. This low I.Q. grouping had almost half (46 per cent) in the lack of confidence bracket (both lack and chronic lack). The three higher I.Q. groupings had 13, 24, and 17 per cent lacking confidence. The second highest I.Q. grouping had a number of respondents who indicated increasing confidence (16 per cent).

At the end of the second year 53 per cent of the widowed and divorced lacked confidence (20 per cent chronically), compared with 21 per cent of the single, 27 per cent of the married with two children or less, and 10 per cent of the married with three or more children. In contrast, only 33 per cent of the widowed and divorced felt confident compared with 61 per cent of the single, 57 per cent of the married with small families, and 72 per cent of the married with three or more children.

Second Year Source of Social Support

(N = 113, N.A. = 18 per cent) Among the students as a whole, family support accounted for 39 per cent of social support, friends 2 per cent, classmates 16 per cent, staff 12 per cent. A total of 31 per cent lacked social support.

Those whose post-secondary school education was in the health field had a most distinctive profile in terms of social support; 57 per cent derived support from family, and 43 per cent lacked support; nothing else. Classmates provided support for 31 per cent of those who had training in fields other than nursing and health, and for 21 per cent of those without post-secondary education. The staff provided support for 15 per cent of those with post-secondary nursing training and 16 per cent of those with "other" training, but the other two groupings did not mention staff.

There were few differences in sources of social support between the two age groups; the under forty group tended to have more (49 per cent) who derived support from the family compared to the over forty group (33 per cent).

This older group had a higher proportion with no social support (38 per cent) in comparison to the younger ones (20 per cent).

The higher the I.Q. the greater were the chances of having no social support. The low I.Q. group had 12 per cent without social support, in contrast to 57 per cent in the high I.Q. group; the intermediate I.Q. groups fell in between (43 per cent and 31 per cent). The high I.Q. group made use of the staff (14 per cent) and family (29 per cent), but made no reference to friends or classmates. The low I.Q. group, however, derived 42 per cent of their support from family, 27 per cent from classmates and 19 per cent from staff members. The other I.Q. categories tended to fall in between these two rather distinctive distributions.

Over 40 per cent of the married, widowed and divorced depended on family members for social support; single and religious, in contrast, had only 13 per cent deriving support from family. This group of single and religious had 61 per cent who were without social support; 22 per cent depended upon classmates, but only 4 per cent utilised the staff. The widowed and divorced had 25 per cent without social support; none looked to the staff, and 19 per cent found support among classmates; they are the only group who used friends for social support (12 per cent). The married groups were much more likely to use the staff for support (18 and 19 per cent). There were still 21 per cent of the married women with small families and 19 per cent of the married women with larger families who had no social support.

Second Year Attitude toward Academic Work

(N = 113, N.A. = 19 per cent) Attitudes toward study remained much the same as in first year. Seventy-two per cent preferred the practical work. The remaining 28 per cent liked (or, at least, did not mind) academic work.

Post high school students, (a very small proportion who had training in health-related skills other than nursing) accounted for most of those who enjoyed the academic part of the work in second year (57 per cent enjoyed studying).

The students over forty showed a more marked preference for practical work (78 per cent) compared to the younger ones (63 per cent) than they did in their first year.

In second year 83 per cent of the high I.Q. group preferred the practical work. This means that only 17 per cent of this group enjoyed academic work, compared to 23, 38, and 22 per cent of the groupings in descending order of I.Q. scores.

Three quarters of the married, widowed and divorced preferred practical work; this proportion fell to two thirds among the single and religious.

AFTER GRADUATION, FIRST YEAR

After graduation, the nurses moved into the work world; at this stage a great number of considerations entered their choices of the first job, and first hospital. Graduates had preferences for the type and area of nursing they wished to enter and some basis upon which the particular hospital was selected. The first job was not necessarily related to the ultimate goal that the graduate wished to reach. These choices and attitudes will be considered in this section.

Type of Nursing

(N = 66, N.A. = 24 per cent) The structure of nursing relationships changes over the years, and in any given era there are trends, fads, and new and exciting restructuring of health services in hospitals. In some ways, the choices of the Quo Vadis graduates reflects the types of nursing combinations currently in effect. In many respects, any typology is false because there is a great deal of melding and overlapjing of the various approaches to nursing.

The typology used here attempts to distinguish among team nursing, intensive care, some sort of combination, supervisory, and "general." In all, 48 per cent preferred team nursing, 26 per cent intensive care, 18 per cent some combination of these two, 2 per cent a supervisory position, and 6 per cent general.

Post-secondary school education seems to influence the emphasis on type of nursing. Half of those with education in nursing chose team nursing, a third chose intensive care; the graduates with a background in related health fields were evenly distributed among team, intensive, and the combination; those with education outside health were prone to team nursing (64 per cent), while half of those with no post-secondary education were oriented toward the combination of team and intensive care. Those oriented to supervisory roles were found exclusively among students with post-secondary education in a field other than health.

The age of the graduate seems to make some difference to career emphasis. The majority of the under forty group were committed to the team nursing (60 per cent) compared to 43 per cent of the older group. The same percentage of both groups (26 per cent) were interested in intensive care, but 23 per cent of the older students (compared with 7 per cent of the younger) were oriented to some combination of team and intensive care. No younger graduates were interested in supervisory work; the same proportion of both groupings was interested in general nursing.

Sixty per cent of both the low and high I.Q. groups preferred team nursing. The low I.Q. had 30 per cent who chose intensive care, and 20 per cent of the high I.Q. group selected the combination, and an additional 20 per cent selected the general category.

Area of Nursing

(N = 66, N.A. = 21 per cent) A full 73 per cent of the graduates were interested in and oriented towards medical-surgical nursing. The next largest group was psychiatric nursing (19 per cent) followed by a series of minority choices – obstetrics (4 per cent), pediatrics (2 per cent), teaching/public health/administration (2 per cent); no graduates were interested in geriatrics.

Some patterns of choice seem to be related to the post-secondary educational background of the graduates. Although the majority of each category (and 100 per cent of those with a related health background) selected medical-surgical, almost a quarter (23 per cent) of those with a background in nursing chose psychiatry. All pediatric and teaching and public health choices were made by students with education outside the health field.

Choice of area was not related to age, other than the fact that 3 per cent of the older graduates chose teaching/public

health/administration compared to no graduates who were under forty.

There were essentially no differences in choice according to I.Q.

The basis of choosing a hospital

(N = 66, N.A. = 23 per cent) When choosing a hospital in which to carry out their work, the students had a number of variables to consider. This is reflected in the range of top priorities given by the graduates. A total of 59 per cent said that they would choose the hospital on the basis of the type of nursing they would be able to do; the next largest group (19 per cent) noted that location was of utmost importance; in the total sample, 14 per cent said that they had no particular criteria upon which to base their choice; 6 per cent said they would choose their hospital on the basis of size of hospital, and 2 per cent on the basis of work hours (shift). No respondents claimed that they would choose their work place on the basis of salary or supervisory staff.

The post-secondary educational background of the graduates seems to make little or no difference to their criteria for the choice of a hospital. Regardless of background, approximately 60 per cent named the area of nursing and 20 per cent the location. Very few mentioned size of hospital or hours of work.

A total of 20 per cent of the older graduates claimed that their choice was based on no particular criteria (compared with none of the younger graduates). Fewer of the older graduates claimed that size of hospital was important than younger (3 per cent versus 12 per cent). A few older nurses chose location as more important than type of nursing.

Type and area of nursing was the major criterion for the individuals in all I.Q. categories. Location was a low second priority. The two intermediate I.Q. categories were relatively high on "no choice" (20 per cent).

Although a high proportion of the graduates claimed that hospital selection was based upon the type of nursing, a quarter of the married women noted location as an important factor, compared with 10 per cent of the single, widowed and divorced groups. One quarter of these unmarried groups said they had no particular choice.

Size of Hospital

(N = 66, N.A. = 27 per cent) Regardless of the admitted motivations and basic considerations, the choice of hospital is open to many additional variables, such as nearness to home, the type of "post graduate training," the tone of voice of the switchboard operator, the approach of the supervisory nurse. One remarkable thing is, despite the projected choices, the staff counselling, the ultimate goals, and chance factors, the vast majority of Quo Vadis graduates began their nursing career in small hospitals. As most of the nurses were working in Metropolitan Toronto, the justification that the smaller hospital was closer to home does not hold validity. The Clarke Institute, the Wellesley, Women's College Hospital are not that far removed from the Toronto General Hospital and other large medical complexes.

In fact, 73 per cent of the graduates worked in hospitals with a capacity of under 500 beds. Within the Metro area, 19 per cent worked in hospitals of 500 beds or more, and 50 per cent worked in hospitals of 500 beds or less. In the cities generally, 10 per cent worked in hospitals of above 500 beds, and 10 per cent worked in smaller hospitals. In smaller communities, 2 per cent were in hospitals of over 500 beds, and 13 per cent were in smaller hospitals. The remaining 2 per cent were working outside the hospital setting. The major finding of importance is that despite the choices open to them, and regardless of motivation (whether considered on implicit or explicit level), the majority began their career in small hospitals.

Those with related health training or "other" training in their post-secondary years were found exclusively in small (under 500) hospitals, but 38 per cent of the graduates who had no post-secondary education, and 30 per cent of those who had had some post-secondary nursing education were found in larger hospitals.

As far as age is concerned, 82 per cent of the older nurses worked in hospitals of 500 beds or less. Half of the older (and younger) graduates worked in metropolitan hospitals of 500 beds or less. In overall view, the older the graduate, the more likely she is to work in a small hospital (82 per cent versus 56 per cent).

Again, the in-between I.Q. groups are quite distinctive. The high I.Q. group were all in small hospitals; 90 per cent of the low I.Q. group were in small hospitals. But only 82 per cent and 47 per cent of the two in-between groups were in hospitals of 500 beds or less.

A third of the widowed and divorced were in hospitals of more than 500 beds, and one quarter of the married women with larger families, compared with 12 per cent of those who were married with small families, and 18 per cent of the single and religious.

Work World Aspirations

(N = 66, N.A. = 30 per cent) Once in the work world, the graduate has renewed opportunity to reassess her goals and aspirations, but at this point in terms of specific areas and particular hospitals. At the end of the first year in the work world, the graduates' attitudes involved the following: one quarter of the graduates did not plan to change (25 per cent), a quarter planned a new area of specialisation and work (26 per cent), and a quarter didn't know, (24 per cent). The other quarter was made up of the 15 per cent who wanted a new position (within the same specialisation), 2 per cent who sought additional education, 7 per cent who aspired to a job outside nursing, and 2 per cent "other" (e.g., retire).

Those with a background in nursing and related health fields tended to anticipate no change in their choice (about 30 per cent), but an almost equal proportion indicated that they will change their position or specialisation. Those with no post-secondary education, or post-secondary education unrelated to health have a considerable proportion (55 and 29 per cent, respectively) who "don't know." It seems that pre-nursing experience has something to do with career direction.

Age affects these patterns, but not in the direction that one might predict. The two categories of no change, and "don't know," accounted for 66 per cent of the graduates under forty, but only 42 per cent of the graduates over forty. The graduates over forty accounted for all who aspired for jobs outside the nursing field, and for further education (9 and 3 per cent of the group respectively). The

older graduates aspired to different positions (18 per cent) more often than the younger (8 per cent). Young and old contemplated a new specialisation to the same extent (25 per cent).

The one most impressive difference in terms of I.Q. is that 60 per cent of those graduates with high I.Q. planned no change in their position (compared with 20 to 30 per cent of those with lower I.Q.). As a result few high I.Q. graduates were found in new specialisation or "don't know" categories, where the other groupings were represented at the 30 per cent level.

About half of all the candidates hoped to change their position or specialisation except the widowed and divorced (12 per cent change) who have a large proportion (38 per cent) who desired no change.

Self-Evaluation after the First Year of Nursing

After the first year of nursing experience, each graduate was asked to evaluate her background in comparison to other recent graduates. This was an attempt to tap the graduate's self-evaluation in the light of her different age grouping and her different type of training (2 year program).

The question was worded as follows: "In *your view* how does your background compare with that of other recent graduates in terms of: Knowledge, Competence, Experience, Adaptability?" For each quality, the respondent was asked to rate her background as excellent, average or poor.

Knowledge: (N = 66, N.A. = 27 per cent)

In the total group, 52 per cent rated themselves as "excellent," 46 per cent as "average," and 2 per cent as "poor." In other words, only two per cent thought that they were inadequate in terms of knowledge. The vast majority thought they were as good or better than other nurses they worked with.

Interestingly enough, 83 per cent of those who had had no post-secondary education, and 67 per cent of those who had had post-secondary education in related health services thought that their level of knowledge was "excellent," in comparison to 45 per cent in the other groups.

A much higher proportion of the older students were sure that they were in the "excellent" category than the students under forty; 61 per cent of the students over forty put themselves in the "excellent" category, compared with 33 per cent under forty. The reverse was true of the "average" category – 39 per cent of the students over forty, and 60 per cent under forty. The under forty group accounted for all of those who put themselves in the "poor" category.

Eighty per cent of the high I.Q. category considered themselves "excellent" in terms of knowledge for their job compared with 50 per cent for all the lower I.Q. groups.

A larger proportion of the married women (56 per cent) rated themselves high in knowledge compared to 45 per cent single, and half of the widowed and divorced. The widowed and divorced accounted for all the graduates who ranked themselves in the lowest category.

Competence: (N = 66, N.A. = 27 per cent)

In terms of competence 29 per cent of the respondents rated themselves "excellent," 67 per cent "average" and 4 per cent "poor."

There is very little difference in the distribution of attitudes about competence among the age groups, although fewer older students rated themselves as excellent, and they accounted for all of the low evaluations.

The higher the I.Q. score, the more assured the graduate was that she was competent. Forty per cent of the high I.Q. respondents claimed that they were "excellent" in terms of competence, compared with roughly 25 per cent of all the other I.Q. categories.

The less the graduate had had to do with the health services after high school, the more she was apt to think of herself as "excellent" in competence. It is noteworthy that 83 per cent of the group who had had no post-secondary education thought they were "excellent" in competence; those who have had post-secondary school education in a field outside of the nursing-health field had 73 per cent who rated themselves as "excellent" in competence. On the other hand, about 60 per cent of those who have had experience in the nursing and allied health fields felt that they were "excellent" in competence.

Twice as many of the married women rated themselves high in competence as of the single, widowed and divorced.

Experience: (N = 66, N.A. = 27 per cent)

This is the one dimension which is basically quite different from the others in the distribution of attitudes. Although 21 per cent rated themselves as "excellent," 56 per cent as "average," there were 23 per cent who rated themselves "poor" when comparing themselves to other colleagues. This is partly a reflection of the segregation of teaching from the hospital which was characteristic of the two-year program.

Among the graduates who have had no post-secondary training, and those who have had training in nursing, or in fields outside nursing and health, the majority placed themselves in the "average" category; 29 per cent of those with a background in nursing evaluated themselves as "excellent." In contrast, only 33 per cent of those with a background in the health field placed themselves in the "average" category, and 67 per cent in the "poor" category.

There were quite different patterns of self-evaluation of experience among the older and younger students. A full 64 per cent of the over forty group rated themselves as "average," compared with 18 per cent "poor" and 18 per cent "excellent." On the other hand, the younger graduates tended to the two extremes: 40 per cent rated themselves as "average," with 27 per cent "excellent" and 33 per cent "poor." In the eyes of the respondents age seems to have some advantages in this experience dimension.

The degree of experience attributed to each graduate by herself seems to vary inversely with the I.Q. level. Forty per cent of the low I.Q. was in the "excellent" category and 20 per cent in the "poor." This contrasts with none of the high I.Q. in the "excellent" and 60 per cent in the "poor."

One third of the single and religious rated themselves "poor" and 9 per cent rated themselves "excellent"; the reverse is true of the married women with small families (13 per cent "poor" and 31 per cent "excellent").

Adaptability: (N = 66, N.A. = 27 per cent)

The great majority of graduates saw themselves as being very adaptable. Sixty per cent rated themselves "excellent," 38 per cent rated themselves as "average," and 2 per cent saw themselves as "poor."

Post-secondary education has considerable influence upon these attitudes of adaptability; 60 per cent with post-secondary nursing education, 67 per cent of those with post-secondary health education, and 73 per cent of those with education in some other field thought their adaptability was "excellent," compared with 33 per cent who have not had any post-secondary education.

There is a slight tendency for more of the older students to rate themselves as less adaptable; in fact, all of the "poor" category was made up of older students.

Eighty per cent of the low I.Q. graduates thought that their level of adaptability was "excellent"; this compared with 43 per cent and 63 per cent in the intermediate groupings, and 60 per cent in the highest I.Q. category.

Three quarters of the married women with two or fewer children rated themselves as "excellent," with 60 per cent of the widowed and divorced, 55 per cent of the married women with three or more children, and only 45 per cent of the single and religious rated themselves as "excellent."

Total Scores (N = 66, N.A. = 27 per cent)

A score on attitude toward professional preparation was constructed. When 3 points were given for each "excellent" rating, 2 for each "average" and 1 for each "poor" for each of the four dimensions, the nurse could be rated at a high of 12 and a low of 4. In all, 6 per cent achieved a high of 12, and 4 per cent had a score of 6 or less. The distribution in between tends to be inclined toward the upper end of the typology; 23 per cent had a score of 11, 15 per cent a score of 10, 21 per cent a score of 9, 27 per cent a score of 8 and 4 per cent a score of 7.

The distribution of total scores among those with differing post-secondary educational background is scattered, with few discernible patterns. If the three top scores are considered, 50 per cent of the nursing education graduates are included, compared with about 33 per cent of the other three categories. If the lowest three scores are considered, 67 per cent of the health education group are found here in comparison with roughly 33 per cent of the others. The very low scores (7 and 6 or less) are found exclusively among those whose post high school education has been outside the health and nursing fields.

Age of respondent made scattered but distinctive differences. Although fewer older students (3 per cent) evaluated themselves in the top category (score of 12) a number (30 per cent) achieved a score of 11, compared with 13 per cent and 7 per cent respectively for the younger group. On the other hand, the older group constituted all the respondents in the lowest category.

There is no discernible trend in the relationship between I.Q. and total scores. The description would take more space than is warranted by the distribution.

About half of the married women appear in the top three categories; in contrast, 54 per cent of the single and religious are in the bottom three categories compared to one quarter of the married, and one third of the widowed and divorced.

Attitude to Hospital Personnel (N = 66, N.A. = 29 per cent)

In order to establish the relationships between the graduate and the medical personnel of the hospital, six questions were asked of each person. Each question asked for a response in one of three categories:

"Generally, are doctors very helpful, quite helpful, not helpful?"

"Generally, are doctors very cooperative, quite cooperative, not cooperative?"

"Generally, are doctors' demands reasonable, satisfactory, unreasonable?"

The same set of questions was repeated, this time substituting "fellow nurses" for "doctors." If a score of three is given for the most positive response, two for the neutral response, and one for the negative response, the respondent could receive a maximum score of 18, and the most negative, a score of 6. In all cases scores evaluate the respondent's opinion of the situation.

A total of 34 per cent had a score of 18. At the other extreme 11 per cent had a score of 12 or less. The in-between scores which range from 13 to 17 are quite evenly distributed, taking up the remainder of the group. The majority of the respondents, however, are found in the upper half of the distribution.

The distribution of scores within each grouping based upon post-secondary education is quite even and comparable, with two rather startling exceptions: 100 per cent of those with post-secondary education in health have a score of 18; 33 per cent of those with no post-secondary education have a score of 12 or less.

Age seems to be crucial in terms of degree in emphasis; there are marked differences in the distribution within categories, the number achieving high scores and low scores are equal.

There is quite an even distribution among the I.Q. categories. The exception is the over-representation of the highest and second highest I.Q. groups in the top score category (60 and 47 per cent) compared to the lower I.Q. (21 and 11 per cent).

Over half of the single and the widowed and divorced (60 per cent and 55 per cent respectively) had the top two scores compared with a third of the married women. The single and religious were well represented in the bottom two categories (30 per cent) compared with married, small families (28 per cent); married, larger families, (17 per cent) and widowed and divorced (11 per cent).

SECOND YEAR IN THE WORK WORLD

Self-Evaluation after the Second Year of Nursing

As this is a longitudinal study, it was planned that the graduates would receive a questionnaire each year so that their long term careers could be traced. At this point, we have only the first class in the second year of work, so the sample becomes very small indeed. This small group was asked the same questions regarding knowledge, competence and experience as was asked in the first year. The respondent was to evaluate these in terms of excellent (3), average (2), or poor (1).

Knowledge (N = 32, N.A. = 28 per cent)

In their second year at work, 61 per cent rated their knowledge as excellent, and 39 per cent rated it as average.

All of the group who have had no post-secondary education prior to their Quo Vadis training rated themselves "excellent," compared with 75 per cent in other post-secondary education, 50 per cent in health education, and 46 per cent in post-secondary nursing education. The proportion rating themselves as "excellent" varies inversely with the amount of post-secondary school education related to the field of nursing.

Age seems to influence the estimation of knowledge: 83 per cent of those under forty rated themselves "excellent" compared with 53 per cent of those over forty.

More of those with in-between I.Q.s rated themselves "excellent" (75 per cent and 67 per cent) than either the highest or lowest I.Q. categories (50 per cent).

Two thirds of the married women rated themselves as "excellent" in knowledge compared to half the widowed and divorced and one third of the single women.

Competence (N = 32, N.A. = 28 per cent)

By the end of the second year, only 30 per cent rated themselves as excellent, but 70 per cent rated themselves as "average" in competence.

There is a tendency for more of the groups who have not had post-secondary training in nursing to rate themselves higher in competence.

The same proportion of the young and the old rated themselves as "excellent."

A high percentage of those with I.Q.s that fall between the two extremes evaluated themselves as "excellent." All of the low I.Q. group, and 75 per cent of the high I.Q. group rated themselves as "average."

There seemed to be little correlation between feelings of competence and marital status.

Experience (N = 32, N.A. = 31 per cent)

After their second year, 27 per cent rated themselves as "excellent" in experience, 59 per cent rated themselves as "average," and 14 per cent as "poor."

There are major differences in the distributions according to the post-secondary education experience but the distributions do not follow any pattern that could be consistently explainable. For instance, although 33 per cent of those with post-secondary education in the nursing field rated themselves as "excellent" and 67 per cent as "average," 50 per cent of those with no post-secondary education rated themselves as "excellent" and 50 per cent "average." But no one with a background of post-secondary education in the health field other than nursing and other sorts of training gave themselves an "excellent" rating; in both cases, 50 per cent rated themselves as "average" and 50 per cent as "poor."

Almost twice as many of the students over forty rated themselves as "excellent" in experience (31 per cent) than those under forty (17 per cent).

Again, many more in the middle I.Q. group rated themselves higher than either the highest I.Q. group or the lowest.

Over a third of the married women rated themselves as "excellent"; none of the single, widowed or divorced rated themselves as "excellent." A third of the single and religious rated themselves as "poor."

Adaptability (N = 32, N.A. = 28 per cent)

After their second year nursing, 57 per cent rated themselves as "excellent" in adaptability, 39 per cent as "average," and 4 per cent as "poor."

Again, the same trend shows up – the more removed post-secondary school life was from nursing, the more likely the graduate was to evaluate herself as adaptable. For instance, 75 per cent of those with no post-secondary school education rated themselves as "excellent" compared with about 50 per cent in the other categories. Those with nursing background are the only ones who rated themselves as "poor."

Interestingly enough, there was virtually no difference in the proportion of the age groups who rated themselves "excellent." But although none of the over forty group rated themselves as "poor" in adaptability, 17 per cent of those under forty did so.

Once more, the middle range I.Q. graduates indicated a distinctive pattern. Almost three quarters of these groups rated themselves "excellent" compared with half of the high I.Q. group, and one third of the low I.Q. group. The only "poor"ratings came from the low I.Q. group.

Most married women, and particularly those with three or more children (83 per cent) rated themselves as "excellent" in adaptability.

Composite Attitude Score (N = 32, N.A. = 28 per cent) (N = 32, N.A. = 31 per cent) Combining all of these, it is possible to have a total score of 12 (excellent in all four areas). After the end of the second year, 14 per cent rated themselves as excellent in all areas, 18 per cent gave themselves 11, 14 per cent a score of 10, 14 per cent a score of 9, and 41 per cent had a score of 8.

Half of those with no previous post-secondary school training gave themselves an "excellent" rating (12); this is in marked contrast to those with nursing education (8 per cent), and those with other sorts of training (0). Those without previous training persistently rated themselves higher; this group is all accounted for in the top four scores, whereas only 50 per cent of each of the other groups is accounted for in these four scoring categories.

Nineteen per cent of the women over forty gave themselves a perfect "excellent" score; the remainder of the group is distributed fairly evenly, and 37 per cent are found with a score of 8. None of the younger women gave themselves an "excellent" score, but half gave themselves a score of 11, and the other half a score of 8.

Again the middle I.Q. group indicates distinctive patterns. Both the high I.Q. and low I.Q. groups have over half of their number in the score category of 8, whereas only one quarter of the two middle I.Q. groups are in this category. These middle I.Q. groups consistently rate themselves much higher.

Eighty per cent of the married women with three or more children rated themselves in the top three categories; next came 42 per cent of the married women with small families; 33 per cent of the single and none of the widowed and divorced.

Relationship with Hospital Personnel (N = 32, N.A. = 28 per cent)

It may be remembered that at the end of the first year of

work the respondents were asked to rate both doctors and nurses in terms of helpfulness, co-operativeness, and the reasonableness of their demands. The most positive answers would contribute a score of 18.

At the end of the second year, 26 per cent of the respondents gave their colleagues (and themselves) a perfect score; 4 per cent had a score of 17; 22 per cent had a score of 16; 13 per cent had a score of 15; 9 per cent had a score of 14; 13 per cent had a score of 13; and an additional 13 per cent had a score of 12 or less.

The scores for those who had post-secondary training in nursing are quite evenly distributed in each of the scores from the highest to the lowest; the scores of those with post-secondary education in the health field, excluding nursing, are concentrated at the top (100 per cent 16-18); those with post-secondary education in some other field are concentrated at the top (75 per cent 16-18) and the bottom (25 per cent 12 or less). Those with no post-secondary school training have 50 per cent at the top, 25 per cent 12 or less, and 25 per cent in the middle.

The interpersonal relationship scores are quite different for the two age categories. Forty-one per cent of the graduates over forty rated themselves at the top, with a score of 17 or 18, whereas none of the younger women are found here. Contrariwise, 33 per cent of the women under forty are in the 12 or less category, compared to 6 per cent of the women over forty.

Eighty-three per cent of the low I.Q. group rated themselves in the bottom two categories. On the other hand, 50 per cent of the high I.Q. group, and 30 per cent of the second highest I.Q. group appear in the top score category.

Over a third of the married women are found in the two lowest categories, while none of the single, religious, divorced or widowed are found there; in contrast fifty per cent of the single and religious, widowed and divorced are found in the top category, compared with 9 per cent married with small families and 33 per cent married with large families.

Work Changes

(N = 32, N.A. = 31 per cent) Very little is known about the amount and type of changes of work that characterize a nursing career line. By the end of the second year, 64 per cent of the first class had made no change in their job; 9 per cent had made a change in the nursing job they were doing, and 18 per cent made a change in hospital; none made both a change in the type of job and in hospital and 9 per cent moved out of the hospital.

Type of Nursing

(N = 32, N.A. = 41 per cent) At the end of the second year, 37 per cent were working in team nursing; 42 per cent in intensive care; 11 per cent characterised their work as both team and intensive care. None were in supervisory work, and 11 per cent were in general nursing.

Area of Nursing

(N = 32, N.A. = 28 per cent) The bulk of the graduates (65 per cent) were working in medical/surgical nursing at the end of their second year; 13 per cent were in psychiatric nursing; 13 per cent in teaching and public health; 4 per cent in pediatrics. There were none in obstetrics or geriatrics, and 4 per cent were in other types of nursing.

Future Work

(N = 32, N.A. = 28 per cent) At the end of their second year at work the graduates saw their future work in the following terms: 22 per cent would make no change; 22 per cent would change their specialisation, and 22 per cent would take a new position, 16 per cent would have additional education. At this point, none saw themselves in jobs outside nursing, 13 per cent did not know, and 4 per cent would retire.

These changes in work, type of nursing, area of nursing and future work have been reported on without comment or detailed analysis. Clearly the numbers are too small and the time span too short to begin to analyse and locate chronic movers, or stable nursing personnel. When a shift of one person can create a 33 or 50 per cent change within an analytical category, it is not useful to carry out this work. It is unfortunate indeed that the longitudinal study could not be sustained long enough to accumulate enough cases at this stage of the work career, so that we could accumulate some knowledge of these important and complex processes.

RATING OF PERFORMANCE

It is always difficult to evaluate the level of competence of anyone who is undergoing or has undergone training. Basically, there are three types of criteria that can be used to evaluate the quality of the individual student and nurse. One is the set of examinations used to test the competence of the candidate within the school. This provides us with an evaluation of the individual's performance on written examinations and in practical work; each individual is, in effect, compared to all others in the school, each year. At the end of training, the candidates write papers for the College of Nurses. This again tests the candidate on a number of written and memory skills, and each individual is compared with all other individuals in a broader provincial context. After some years in the work world, the nurse can then be evaluated along a number of lines by her supervisor. This type of evaluation introduces all manner of personal considerations that are not present in the College examinations. Lacking any better criteria, we will use these scores, but we must do so with considerable caution.

First Year, Academic Rating

(N = 154, N.A. = 11 per cent (withdrawals)) In their first year academic examinations, 27 per cent of the candidates achieved an A standing, 39 per cent a B standing and 30 per cent a C standing, and 4 per cent failed.

A very large proportion (63 per cent) of those with post-secondary school training in the health field (excluding nursing) achieved an A grade in their first year academic work.

The grade achievement of the candidate was related to the age of the individual, but not significantly. Roughly one third of the under-forty students (32 per cent) achieved an A compared with roughly one quarter of the over-forty students (24 per cent). A higher proportion of the older women received B's but there was virtually no difference between

the two age groups in the C and F categories.

Eighty-one per cent of the married women with three or more children received A's or B's; 73 per cent of the widowed and divorced, and 59 per cent of the single women, and 59 per cent of the married women with small families.

There is a most remarkable correlation between I.Q. and academic marks at the end of the first year. The higher the I.Q. the higher the marks. To illustrate: among high I.Q. students, A – 54 per cent, B – 36 per cent, C – 9 per cent, and no failures. In contrast, the low I.Q. group received: A – 9 per cent, B – 34 per cent, C – 49 per cent, and failure – 9 per cent. The marks for the intermediate I.Q. groups were intermediate.

First Year Clinical

(N = 137, N.A. = 0) The clinical rating of the first year students rated rather more students in the B category. Considering all students who passed through the school, 30 per cent achieved an A rating, 47 per cent B and 23 per cent C. None failed, in a formal sense.

A much higher proportion of women under forty made higher grades in their clinical work in the first year. The women under forty had the following evaluations: A – 39 per cent; B – 49 per cent; C – 12 per cent. On the other hand, the women over forty achieved the following: A – 22 per cent; B – 46 per cent; and C – 32 per cent. Fewer of the older women appeared in the A category, and many more in the C category.

A higher proportion of the women who are or were married tended to get better marks in clinical.

At the end of first year, the low I.Q. group tended to do better in clinical grades than the high I.Q. group (26 per cent A, as against 18 per cent A). The intermediate I.Q. groups did even better (35 per cent and 30 per cent A grades), but these groups also had a higher proportion of C grades.

Second Year Academic Ratings

(N = 96, N.A. = 0) In the second year academic examinations, 29 per cent received an A, 43 per cent a B and 27 per cent a C. One failed.

Those students with a post-secondary school training in the health field other than nursing achieved a very good academic record. In all, 43 per cent received an A and all of them received either an A or a B.

When the older and younger students are compared, the achievement of the older students on examinations was poorer than that of the younger. The proportion remains much the same as at the end of first year. Just over a third of the younger women received an A, while a quarter of the older women had an A. A third of the older women had C's or failures, compared with a quarter of the younger ones.

Just under half (44 per cent) of the widowed and divorced women received an A grade (compared to less than a third of the other three categories). The married women with small families tended to receive lower marks (42 per cent received a C grade).

Again, the remarkable correlation between I.Q. score and marks is clear. The percentage of each I.Q. group receiving A grades (ranked from high I.Q. to low I.Q.) is 43; 40; 24; 19; using the same order, the C grades were: 0; 27; 21; 42.

Second Year, Clinical Rating

(N = 96, N.A. = 0) At the end of second year, 34 per cent were rated at A, 56 per cent as B, and 9 per cent as C. None failed.

A high proportion (57 per cent) of those with background in the health field other than nursing received A's compared to those in other fields (24, 31, 32 per cent). Unfortunately, this health category is a very small one; differences among so few individuals affect the percentages unduly.

Again, there are marked differences in second year clinical rating, if one compares the two age groups. Achievment in the A's and B's were similar, but the older group accounted for all the C's.

A higher proportion of married women received A grades than others. The single women and religious accounted for most of the low grades given.

In second year, the clinical rating is closely correlated with I.Q. A grades are held by 43 per cent of the high I.Q. grouping, and 27 per cent of the low I.Q. grouping. There were no high I.Q. students in the C category, but 8 per cent of the low I.Q. grouping.

Registered Nurse Examinations Results, Approach A

(N = 96, N.A. = 5) The results of the R.N. examinations are presented in terms of grading on each paper. In comparing the results of various groups, two bases of comparison were developed from the R.N. results. The first is a simple averaging of the papers. Using this method of scoring, 2 per cent of the students wrote superior papers, 30 per cent (A+) above average, 63 per cent (A) average, 4 per cent (A−) below average, and one per cent failure.

The superior papers were written by students who had no post-secondary school education. The A+ papers were distributed somewhat unevenly; 43 per cent of the post-secondary school training in health, 29 per cent in nursing, 19 per cent in some other field, and 17 per cent in the group with no post-secondary school training.

Generally speaking the younger and the older students have a similar record, but 11 per cent of the younger ones received A− or F, compared to 2 per cent of the older ones. More of the older students were in the A class.

Only divorced and widowed women wrote superior papers (13 per cent); a third of this group received A+ papers. A third of the married women had A+ papers, but only 15 per cent of the single and religious. On the other hand 78 per cent of the single and religious receiveds A's.

Judged by this technique, there is surprisingly little difference in the results according to I.Q. category; in fact, the best record is held by the second highest I.Q. group. Neither high nor low I.Q. groups received a superior average; the low I.Q. group, however, did account for all of the failures.

Registered Nurse Examination Results, Approach B

(N = 96, N.A. = 5 per cent) Averaging gives one typology by which the students may be compared, but the results of one poor examination can spoil an otherwise excellent record. A second technique was utilised based upon the

number of papers which fell into the Above Average (A+) or Superior categories. Looked at in this way, we find that 9 per cent of the students wrote four A+ or Superior Superior papers (with no failures); 17 per cent wrote two, 15 per cent wrote one, and 35 per cent did not write any papers in the A+ or Superior categories (but passed them all), and a further 9 per cent had one or more failures.

There are no major differences in the distribution of grades in the various educational background categories, except that a disproportionate number (36 per cent) of those who had had post-secondary school training wrote papers that were not A+ and were not failures.

Seen from this point of view, more of the younger students excelled than the older ones. In fact, 51 per cent of the older students were in the last two categories, of failure or had no above average papers, compared to 33 per cent of the younger. At the other end of the scale, 53 per cent of the younger ones achieved scores in the first three categories (four, three and two papers above average) compared to 32 per cent of the students over forty.

Nineteen per cent of the women with large families received the top score followed by 13 per cent of the divorced and widowed, but only 4 per cent of the single and religious and 4 per cent of the married with two children or less. On the other hand, 57 per cent of the single women had no papers A+ or Superior (compared with a quarter of the women in other categories). A full 19 per cent of the married women with small families failed at least one paper.

This second method of categorising R.N. results certainly illustrates the differences among I.Q. ratings. In ascending order of I.Q. scores, the percentage of each category writing four A+ or Superior papers was: 29; 14; 6; 0. Failures were: 0; 4; 10; 16. With only slight variation, the results ranged predictably between these extremes.

Evaluation of Graduate Nurses

The work supervisors of the graduates were asked to make a confidential evaluation of the work of the graduate in the hospital setting. The number of responses was gratifying, and this evaluation should be the ultimate test of the work of the nurse. Unfortunately, these evaluations must be viewed with some caution; some of the factors affecting them may be: the evaluator having insufficient evidence to be able to pass judgment; interpersonal conflict between graduate and evaluator; evaluator with set ideas about the value of a two-year program; evaluator with set ideas about the optimum age of a nurse. These factors and others, are such that, despite efforts to be objective, evaluations may be biased.

Punctuality and Dependability (N = 66, N.A. = 29 per cent)

The supervisor was asked to evaluate work performance and the following question was directed toward two characteristics.

> "General characteristics of the graduate at this time: Punctuality and Dependability – Always on time? Usually on time? Rarely absent? Frequently absent? Other?"

If two points are given for each of the positive answers, the punctual and dependable will have a rating of four. Depending upon what is written under 'other,' the graduate might get a score lower than two.

In all, 81 per cent of the graduates received the high score of four for punctuality and dependability; 15 per cent received a score of three, and only 4 per cent of them received a score of two. None received a lower score.

A disproportionate proportion (14 per cent) of those who have had no post-secondary school training received low scores. Neither age nor I.Q. seem to be crucial variables.

A much higher proportion of single women (92 per cent of the widowed and divorced and 88 per cent of single and religious) received top scores when compared to married women (69 per cent of married with two children or less, and 80 per cent with three or more children.)

Responsibility in carrying out assignments

(N = 66, N.A. = 32 per cent) The second question asked of the supervisors concerned responsibility. "Responsibility in carrying out assignments: Very responsible, generally responsible, other." The high score is two, and depending upon what is written under 'other,' the graduate could get a score of zero.

Sixty-four per cent of the graduates received a score of two, 31 per cent a score of one, and 5 per cent a score of zero.

The zero scores were given to older persons (none to the younger), those with high I.Q. and those with post-secondary training in the health field. A disproportionate percentage of high scores was earned by the low I.Q. group (60 per cent) compared to the high I.Q. group (none).

All zero scores were given to single women. Three quarters of the widowed, divorced and the married women with three or more children received top scores.

Organisation and Carrying Out of Routine Work

(N = 66, N.A. = 28 per cent) The supervisor was asked to rate this aspect of work as "always well organised; generally well organised; poorly organised, or other." The high score is two, and the low score is zero.

On this facet, 23 per cent of the graduates were evaluated as "always well organised," 55 per cent "generally well organised and 21 per cent as "poorly organised."

Post-secondary school training seems not to be correlated with these evaluations. It might be noticed, in passing, that the strange group of graduates who had post-secondary school training in health, whose examination marks and self estimation have been so high, were all in the "poorly organised" category.

A somewhat higher proportion of the older graduates (28 per cent) were in the "always well organised" category, when compared to the students under forty (17 per cent). Both groups had about 20 per cent in the "poorly organised" category.

The high I.Q. group was over represented in the "poorly organised" category (50 per cent); the other I.Q. categories ranged from 6 to 31 per cent.

None of the married women with larger families received zero scores; however 44 per cent of the single women and 31 per cent with small families were found in this category.

Reaction to Pressure and/or Emergencies

(N = 66, N.A. = 30 per cent) This important aspect of nursing was evaluated under the following alternatives: "Reacts promptly and calmly; reacts slowly but calmly; becomes panicky; other." The scores run from a high of two to a low of zero.

"Reacts promptly and calmly" was attributed to 19 per cent of the graduates, while 48 per cent were characterised as "reacts slowly but calmly," and 33 per cent "becomes panicky."

The graduates who had had some post-secondary training in nursing were over-represented (28 per cent) in the "reacts promptly and calmly" evaluation. (Two of the other groups had no members so evaluated, and one had 12 per cent.)

More of the older graduates (39 per cent) than the graduates under forty (22 per cent) were evaluated as "becomes panicky."

About half of the high and low I.Q. groups appeared in the "panicky" category, compared to about one quarter of the intermediate I.Q. groups.

Half of the married women with large families received a top score. Half of the single women were in the "panicky" category as were a third of the married women and a quarter of the widowed and divorced.

Relationships with Hospital Personnel

(N = 66, N.A. = 30 per cent) The supervisor was asked to evaluate the working relationships of the graduate with other nurses, auxiliary staff, doctors, patients. The rating was "good," "fair" and "poor." If we score each "good" with two points, "fair" one point, and "poor" zero, it is possible to get a score of eight. In theory, at least, the low score is zero.

On this particular aspect of work, 67 per cent of the graduates scored top marks on their relationships with all four types of personnel; 11 per cent received scores of seven; 20 per cent received scores between five and six, and 2 per cent had a low score of two or less.

Post-secondary education does not seem to be correlated with relationship in any way.

The distribution of scores within the over and under forty groups is almost identical.

All of the high I.Q. group are found in the top scoring group. The majority of the lower scores are found in the group with the lowest I.Q. ratings.

Almost all (92 per cent) of the widowed and divorced are found in the top category; 66 per cent of the single women, 73 per cent of the married women with small families, but only 40 per cent of the married women with larger families were found in this top category.

Professional Qualities

(N = 66, N.A. = 29 per cent) The evaluator was asked to rate as a Registered Nurse along the following lines: knowledge; competence; adaptability; self-confidence; judgment; administrative capacity. Each of these was provided with the following ratings: "excellent," "average," "poor" and "varies." Two points were given for "excellent," one for "average" or "varies" and none for "poor." The top score, then, is twelve.

In all, 11 per cent received a score of 10 - 12; 21 per cent received a score of 8 or 9; 45 per cent received a score from 6 or 7; 19 per cent received a score of 4 or 5, while 4 per cent had a score of 3 or less.

Those that had post-secondary school education in nursing had a high proportion (96 per cent) with high scores (from six to ten) compared with 55 per cent among those with no post-secondary school training, and those who had 'other' training, and none in the health training group.

The older people were over-represented at the top and the bottom of the scale. Seventeen per cent of the over forty group had a score of 10 - 12 (compared with 0 among the younger ones)but 31 per cent of the older students had a score of less than 5, compared with 11 per cent of the graduates under forty.

I.Q. does not seem to be correlated with the total score.

A higher proportion of single women receiver lower scores than either the married or widowed and divorced.

Comparison with other recent graduates

(N = 66, N.A. = 32 per cent) The final evaluation was a comparison of the Quo Vadis graduates with other recent graduates. This comparison was made on eight qualities: "knowledge; competence; experience; adaptability; self-confidence; judgment; administrative capacity; willingness to learn." The comparison with recent graduates was to be made in terms of higher, same, lower, or varies. Scoring was three points for higher, two for same, one for varies, and zero for lower. High score, then, is 24, and low score is 0.

In this comparison, 9 per cent received scores over 20; 20 per cent received scores from 17 to 19; 53 per cent received scores from 11 to 16; 9 per cent received scores of 6 to 10; and 9 per cent received scores of 5 or less.

The majority of each post-secondary school training group were found in the 11 - 16 scoring group; the only exception was the very small "health" group which was found entirely in the lowest category.

Comparison showed few differences when distributed between the two age categories. The older women had fewer with a top score (17 per cent) compared to the younger (22 per cent), but also more (14 per cent) at the bottom, compared with the younger (none).

Although most of the respondents fell into the 11 - 16 score group, a disproportionate percentage of the low and high I.Q. groups received low scores (55 and 40 per cent, respectively) when compared to the two intermediate I.Q. groups (8 per cent and zero).

Only married women were in the top scoring category; there was a marked tendency for married women to receive higher scores (60 per cent of the married women with large families in the top two categories), and for single women to be in the lower categories (33 per cent in the lowest one). The widowed and divorced were mid way in scores.

Self-Confidence (Evaluated)

(N = 66, N.A. = 29 per cent) At various stages in the career line of the students, and then as nurses, we have inquired into self-confidence. These self estimations have been noted. In the questionnaire to the supervisor, we have two measures of the supervisor's estimation of the graduate's self-confidence. In one question, the supervisor was asked to

evaluate the graduate as a Registered Nurse in terms of self-confidence; she was also asked to evaluate the graduate in comparison with other recent graduates in terms of self-confidence. These two scores combine to give a maximum of five (excellent).

The various supervisors rated 21 per cent of the graduates as self-confident (with full points); 4 per cent with a score of 4; and 35 per cent with a score of 3; 6 per cent have a score of 2, and 35 per cent earned a score of one or zero, indicating an estimate of low self-confidence.

Thirty-one per cent of the nurses who had post-secondary school education in nursing were given top rating (compared with 0 in health, 0 in "other" and 0 in "no training." This same "nursing" group had no one in the lowest score compared with from 33 to 50 per cent in the other groupings.

The comparison scores showed few differences when distributed between the two age categories. The older women had more with a top score (28 per cent) compared with the younger (11 per cent), but also a few more (17 per cent) at the bottom, compared with younger (11 per cent).

None of the high I.Q. group received a top confidence score of 4 or 5, but 30 per cent of the three other I.Q. categories received this top confidence score.

Thirty per cent of the married women with larger families were rated with the top score; 25 per cent of the widowed and divorced and 25 per cent of the married with small families were also in this category, but none of the single women. But 45 per cent of the single women appeared in the lowest category.

THE DYNAMICS OF THE EDUCATIONAL PROCESS

Until this point, no comparisons have been made of the progress, change of attitude, or level of self-confidence of the student at several points in the educational process. Comparisons have been avoided because the figures discussed above have all been concerned with the total number of students at each stage of their course and career. Comparisons are not possible with these figures, because we would be comparing different people – the data on first year were based upon 154 students, but the second year data were based on 113 students. In order to make some comparisons, then, the figures were adjusted by removing the extra class, and it is then possible to compare some attributes of the 113 students who have passed through their first and second year.

Self-Confidence

A comparison of gross student replies at the end of the first and second years indicates that the level of self-confidence has risen. The number of students in the 'confidence' category is up from 39 per cent to 58 per cent; the number indicating lack of confidence is down from 33 per cent to 26 per cent (within this the "severe" lack of confidence remains quite stable); in addition, the number who feel that their confidence is gradually increasing has dropped from 22 per cent to 7 per cent.

It would be very tempting to interpret this in the following way: a large proportion of those students who felt that their confidence was increasing at the end of the first year are now found in the "confidence" category; a number have left the "lacking confidence" category and have moved to either the "confidence" or "increasing confidence" groups. In addition we seem to have a few "severe lack of confidence" students left over from last year. All this seems plausible, for with increased experience, increased success, and familiarity, it is assumed that the student will gradually build self-confidence.

This type of interpretation sounds plausible, but it is not correct. There is a great deal of evidence to show that in second year people become less confident as well as more confident. One illustration will suffice; those in the lowest I.Q. bracket had 8 per cent in the "severe lack of confidence" category at the end of the first year, but at the end of the second year there were 19 per cent of the low I.Q. group in this "severe" category despite the general trend in the other direction. Some new "severe lack of confidence" students have been added. In contrast, 14 per cent of the high I.Q. group were in the "severe" category at the end of the first year, but none were there at the end of the second year. Clearly, some start out full of confidence, and for all kinds of reasons assurance gradually dissipates until the student lacks confidence completely. On the other hand, others who start full of doubts and fears begin an upward climb and finish the second year radiating self-confidence. Further, there seem to be patterns in these processes rather than random variation. We now turn to an exploration of a few of these patterns in terms of *net* gains and losses in the various categories.

First, we will explore these patterns in terms of I.Q. It has already been stated that the low I.Q. group shifted from 8 per cent to 19 per cent in the "severe lack of confidence" category. This low I.Q. group lost a net one per cent of its members from the "confident" category, in comparison of net gains of 30, 24, and 26 per cent in the three higher I.Q. categories. This low I.Q. group lost 16 per cent from the "increasing confidence" category, but as there was a loss in the "confident" category, it is clear that many of them lost ground. This is borne out by the fact that it is the only grouping that increased the percentage in the "lack of confidence" category.

This is in marked contrast to the next highest I.Q. grouping which had a net loss of 28 per cent in the "lack confidence" category, and a net gain of 30 per cent in the "confident" bracket. The I.Q. grouping higher still gained 24 per cent of the "increasing confidence" bracket. The highest I.Q. people added 26 per cent to the "confident" bracket, to bring their total to 83 per cent who were confident.

There is a distinctive pattern based upon the post-secondary school education experience. Those students who had had post-secondary school education in the health field other than nursing started off with gusto for 72 per cent felt confident at the end of the first year; by the end of the second year there was a net loss of 15 per cent of these.

There are several confidence patterns which emerge on the basis of marital status. The women in the single and religious category added a net of 29 per cent to the "confident" category and lost a net of 25 per cent from the "increasing confidence" category. The married women with two children or less are unusual in that they added 5 per cent to

their "lack of confidence" category which runs contrary to the general trend. The married women with three or more children, however, lost 17 per cent from the "lack of confidence" category and had a net gain of 26 per cent in the "confident" category. The widowed and divorced lost 8 per cent from the "lack of confidence" category, but this simply lowered their total in "lack of confidence" from 61 to 53 per cent. This was by far the highest of any marital status group.

There seem to be no significant patterns based on age.

Attitude toward the School

Over the two years, the favourable view of the school declines, hostility increases and a neutral and balanced view of the school and its program increases.

Looking at the two extremes, an increase in hostility and a decline in a favourable view, it is clear that the married women with two children or less do not add any to the hostile group, although they do have a net of 16 per cent who shift from the "favourable" category. On the other hand, the unmarried women whether single, religious, widowed or divorced, are remarkable in the net major increase in hostile views (18 per cent and 16 per cent respectively) and their move out of the "favourable" category (26 per cent and 12 per cent respectively).

The low I.Q. group and the high I.Q. group have 26 per cent of each group move out of the "favourable" category, but add only 4 per cent and 3 per cent to the hostile group. But the significance is somewhat different, for although they lost the same percentage in the "favourable" category, the low I.Q. began the second year with 72 per cent of its members in this category, compared with 43 per cent of the high I.Q. The second highest I.Q. category shifted a net of 22 per cent out of the "favourable" category (which started at 63 per cent). The overall effect of these changes is to shift from wide discrepancies in attitude to a distribution of views which is basically similar among all I.Q. groups by the end of the second year. This suggests that attitudinal norms are emerging.

This seems to be borne out by the older women who make much greater adjustments (a net of 19 per cent moving out of the "favourable" category, and 11 per cent added to the "hostile" category). Their final distributions of the young and older women are not unlike.

The sorts of shifts in the different education categories do not seem significantly different.

Area of Criticism

As we noted before, particular areas seem to become the focus of hostility and criticism. The criticism of the amount and type of academic work remains constant (18 per cent); criticism of clinical work increases (4 per cent to 15 per cent). The criticism of staff rises markedly over the two years (25 per cent to 37 per cent) but the criticism of classmates decreases significantly (24 per cent to 12 per cent). The number of students who have no criticisms also drops (30 per cent to 19 per cent).

The shift in criticism is one of the few areas that indicate distinctive differences between the over forty and under forty group. Eighteen per cent of the over forty group move out of the "no criticism" category, and they show an increase of 17 per cent in the criticism of staff (compared with 2 per cent and 3 per cent respectively for the under forty group).

In terms of the shift of opinion over the two years, it seems that the higher the I.Q. the greater the shift in opinion about clinical work. This holds, but its significance is lost until one notes that none of the highest I.Q. respondents were critical of clinical studies at the end of the first year. Again, it seems as though there is an adjustment to a set of norms; at the end of second year there are relatively few differences in the distribution of opinion, regardless of I.Q. The high I.Q. group is noteworthy for two other major adjustments in areas of criticism. Thirty-six per cent of the high I.Q. group shifted to an attitude that was critical of the staff (at the end of the first year 14 per cent were). This raised them to the high of 50 per cent critical of the staff. But, at the beginning of the second year, 57 per cent of the high I.Q. group were critical of their classmates. By the end of the second year, there had been a 57 per cent shift in opinion which meant that at that time none of the high I.Q. students were critical of their classmates.

In terms of the I.Q. category a net 13 per cent of the high I.Q. group were added to those that are critical of the work at the school, but one per cent of the low I.Q. group shifted to this category. In the end, each grade of I.Q. has much the same opinion of the amount and type of work in the school. In much the same way, although the lowest and second highest I.Q. categories add to the percentage of critical members (9 per cent and 6 per cent respectively), and the second lowest and the highest have members who remove their criticism, the final distribution is quite the same regardless of I.Q.

A net of 8 per cent of the widowed and divorced withdraw their critical appraisal of work, and a net of 26 per cent of the group are added to the criticism of the staff. Although this shift runs contrary to the general pattern, the final distribution after the end of the second year shows few disparities.

Source of Support

Over the two years, the total sources of social support shifted considerably. Family, for instance, has shifted from 35 per cent to 39 per cent; friends are used less for social support (9 per cent to 2 per cent); the use of classmates is the same, 16 per cent in both first and second year; staff members as a source of support is down (16 per cent to 12 per cent), and the lack of any social support is up from 25 per cent to 31 per cent.

The single women and religious students indicated that a net of 3 per cent do not seek the support of the family; 16 per cent do not find support from friends; 14 per cent no longer derive support from classmates and 12 per cent no longer from staff members. This group ends with an additional 17 per cent who lack social support (a total of one third of the group lacked social support at the end of the second year).

A net of 14 per cent of the married women with two children or less do not count on their families for social support as they had a year previously. A large proportion of the married and divorced group no longer derive support from their classmates (12 per cent) and staff (22 per cent), but

there is a net gain for this group of 33 per cent in the family category.

Considering the students from the point of view of post-secondary education, those who have had education in the health field other than nursing have a net loss of 29 per cent from classmates, and 14 per cent from staff; on the other hand this group indicates a net gain of 14 per cent deriving support from the family, but an additional 43 per cent who no longer have social support. In contrast to this, among those that had had post-secondary school education in a field outside nursing and health, there was a net loss of 11 per cent who had no social support; this group also showed a net gain of 3 per cent in the use of classmates for social support.

The high I.Q. group indicate a particular pattern which is quite different from students in the other I.Q. categories. At the end of the second year, 29 per cent no longer derive support from classmates, and 15 per cent do not derive support from students, but there is a net gain of 15 per cent who find support in the family (still keeping it below the average) and the "no support" category has a net gain of 28 per cent, bringing the no social support of this high I.Q. group to a total of 57 per cent.

There are no significant differences in the source of social support when considered in terms of age.

DISCUSSION

The four variables, age, post-secondary school education, I.Q. and marital status have been related to the attitudes and accomplishments of the adult nursing students. These relationships have been traced in some detail at this premature closing phase of the research for two reasons; first, to record the limited knowledge that has been accumulated; second, to make available to the staff and officers of the school some record of the patterns of behaviour and attitudes so that they may be assisted in their work by being able to anticipate problems. (It is sometimes forgotten that teachers may sometimes have a lack of confidence.)

Many things have been described, but few phenomena have been interpreted. The major difficulty is that every relationship can indeed be interpreted on a common sense basis; but these interpretations are *ad hoc,* and not based upon a systematic and consistent theory. One illustration among hundreds may suffice: when it is found that a high proportion of students with high I.Q. achieve high academic marks in their first year, and a high proportion of students with low I.Q. achieve low marks, we are tempted to nod our heads sagely. When we see that a high proportion of students with low I.Q. achieve high grades in clinical in the first year, and few of the high I.Q. people do so, we are tempted to introduce an *ad hoc* common sense explanation – "everyone knows that high I.Q. are smart, lower I.Q. people are more practical." Then in second year a high proportion of the high I.Q. group achieve high marks academically, *and* in their clinical work. "Surprising," we reason, "but, although they started off at a disadvantage, their superior intelligence enabled them to surmount the difficulties, and they learned the practical work too." This may or may not be so, but we have turned an intellectual handspring by accounting for a finding with two quite different theories. This has neither intellectual honesty, nor legitimate application value. As yet there are insufficient data for testing a systematic theory, a set of principles that makes "sense" of all the data.

Although lacking a consistent overall interpretation, there are several general comments that may be useful at this point. The first concerns socialisation. The whole aim of the school is to enable mature women from many backgrounds to undertake a transformation – to become nurses. We acknowledge that during this process one accumulates skills, changes attitudes, and takes on a new role. Sometimes it is overlooked that while this formal and manifest change is going on, the same process is working on the informal and latent level. While instructors are changing attitudes, fellow students are also changing attitudes. Women who begin their two-year course with widely different views and expectations, end the two years socialised, on the informal level, to the point that opinions are quite similar. Much of what has been reported above represents the informal side of the formal process of making a nurse. Long association with fellow "victims" is sure to change attitudes toward work and staff.

Second, a comment or two on the reporting of attitudes toward the school and the staff. As was mentioned previously, student criticism of teaching staff does not mean that the staff is inadequate. If teachers wanted to be loved by everyone they would not be teachers (nor would they become politicians). It remains that the teacher is the person entrusted with the task of instructing and correcting the student, and no matter what window dressing is maintained, the position is still one of superordination. In the light of this, it is surprising that the teachers are able to maintain such close links with their students. In summary, criticism of staff does not necessarily mean that the staff is not good; the results accomplished by the staff and students and the views of many students provide evidence of the excellence of the staff.

Finally, whether one considers the record described in these pages as good, bad or indifferent, it remains that it is a personal opinion because there are no bases of comparison. We do not know what sort of process other adults go through in this training; further we do not know whether the nurse's training is more traumatic for the young and inexperienced teenager, or whether she is so young that the significance of her role is lost in the flutter of social engagements and prospects of marriage. As a result, this report stands alone, with no base line for comparison. This does not speak well for research into this most important and difficult profession.

There are a few specific and general conclusions that can be drawn with the proper qualifying safeguards. We will summarise briefly the tentative conclusions that can be drawn concerning the four major variables, and one major attribute, self-confidence. But, before turning to this, we should explore one definite conclusion that has not been mentioned previously. This conclusion is concerned with the mobility-adaptability hypothesis.

The Mobility-Adaptability Hypothesis

When it was realised that the change from adult status to that of student would require a good deal of self-confidence

and adaptability, it was thought that if the applicant had been highly mobile, it would provide experience in rapid and drastic social change which might prove very useful in the adjustment to adult student status. With this in mind, all applicants were classified into one of three mobility categories: stable – the same district or one or two moves (20 per cent); mobile – three to six moves (56 per cent); and very mobile – six moves or more (24 per cent). With the experience of high mobility, it was argued, the candidate would be more adaptable, have a higher level of confidence, a less hostile attitude, less criticism, and so on.

It turns out, however, that the results are the antithesis of expectations: the highly mobile candidates were most hostile to the school, least favourable in attitude and highest in both lack of confidence and severe lack of confidence, and these general characteristics persisted over the two years. This hypothesis was tested, and the findings were not those expected.

Age

Age has turned out to be the least decisive and significant variable. There have been general trends: a higher proportion of students over forty have been less hostile, more critical of the amount and nature of the academic work, more oriented to the goal of nurse than students under forty. A higher proportion of them see themselves as having excellent knowledge and good experience, but they achieve lower marks than the other category. A higher proportion choose smaller hospitals; they are seen by their supervisor evaluators as having lower professional qualifications and rank lower in comparison to other graduate nurses than the younger women, but a high proportion are rated high in confidence. These trends are all slight; there are few strategic differences.

These results, however, may well be a product of the construction of the typology. As most of the women admitted to the school are within five years of forty, there are very few who are either in their late fifties or their late twenties. This means that there were not enough at either end of the continuum to make meaningful categories. Forced as we were to use two categories separated at the age of forty, there tends to be a flattening out of age differences because of so many in a similar age category. Although in the present research, age does not seem to be crucial, the variable should not be dropped. A larger number of cases would permit the establishment of more precise age categories for a definitive analysis.

Marital Status

Marital status seems to be a crucial variable. Consistently, the married students indicate different opinions and achieve different records when compared to the single women and those in religious orders on one hand, and widowed and divorced on the other. Further, among those who are married, the size of family (two children or less versus three or more) makes definite but eccentric differences in the distribution tables.

A fairly high proportion of married respondents indicate more social support (particularly from family), less hostility toward the school, more favourable views of the school, and a high level of self-confidence. A large proportion see themselves as excellent in knowledge, competence and adaptability; they do have a lower proportion who achieve high examination marks and Registered Nurse examination marks, but they achieve higher clinical evaluations. The married women seem to make and plan to make fewer job changes after graduation, and a high proportion are evaluated by their supervisors as working well under pressure, having high professional qualifications, and many compare well with other graduate nurses.

The women who are single or in religious orders have quite a different profile, and the widowed and divorced have still a different one (including high marks). Although highly speculative, a study of the tables and interview material suggests that the women in the three categories of marital status have to deal with quite different problems in addition to their schooling. Despite the added responsibilities, the presence of a family seems to provide a most useful and reassuring sense of social support.

Post-Secondary School Education

Those students who have had post-secondary education in the area of health excluding nursing tend to have a distinctive profile. At the beginning, they have a very high level of confidence, but the percentage holding this view drops considerably. They see themselves as having a high level of knowledge; this is confirmed in that a high proportion achieve high marks in academic work, clinical and R.N. examinations. A large proportion of them have good relationships to hospital personnel and are seen as confident and good organisers. Nevertheless, the women who have had some post-graduate training in the nursing field outdo those trained in the health field in terms of professional qualifications, and in comparison to other graduate nurses according to supervisors' ratings.

A large proportion of those with post-secondary training in fields other than health and nursing are low in confidence and seem to have considerable difficulty in adjusting. Surprisingly, those who have had no post-secondary school training rate themselves high in knowledge and experience, but low on adaptability. A considerable proportion of them achieve high marks on the R.N. examinations. A high proportion of these women also have a high rating on their relationships with other hospital personnel.

It seems that these women who enter the school with quite different experiences in post-secondary school training bring with them very different views of the school, of nursing, the type of work and training. The changes in hostility and confidence reflect the adjustment of these expectations.

I.Q.

I.Q. was measured through the use of Ravens' Progressive Matrices, the Minnesota Multiphasic Personality Inventory and the College Qualification Test. (For details of the tests, see Appendix C.) The scores were categorised as: under 120; 120-129; 130-139; and 140 and over.

Some variables varied directly with I.Q. score, such as the higher the I.Q. score, the larger the proportion of those who are confident. Or the lower the I.Q. score, the more likely the individuals will hold attitudes favourable to the school. The higher the I.Q. score, the more likely the student will be critical of the amount and content of the academic work. The higher the I.Q., the lower the self estima-

tion of knowledge and competence; the lower the I.Q., the more likely the student rates herself as high in experience and adaptability. There is no doubt that the high academic marks and high R.N. marks are related to high I.Q.

The high I.Q. respondents have a high proportion of individuals who are high in interpersonal relationships, and are evaluated as being good in hospital staff relations, but low in organisation ability. But, despite these qualifications they are not rated particularly high by their supervisors in terms of professional qualifications in comparison to other graduate nurses, or in terms of confidence.

But in a number of situations, the medium (120-139) I.Q. groups are distinctively and often eccentrically different from either the high or low I.Q. groups. The data on attitudes, confidence and hostility and the like suggest the hypothesis that the middle range I.Q. group adjust most readily to the school and the profession. The replies of the low I.Q. group suggest that they are preoccupied with the challenge of surviving the course; the high I.Q. group give the impression that it is child's play, and often look upon proceedings with thinly veiled contempt. This variable should be explored more carefully in more detail with a much larger group. Naturally, the convincing evidence will come from their work performance. From the very limited evidence at hand the high I.Q. group have a high proportion who are not given high ratings, and who seem to be highly mobile. It should be emphasised that this is not a finding, but merely an hypothesis which requires careful and systematic study.

Self-Confidence

The final topic for brief discussion is the self-confidence of the student and later the nurse. This was the matter of early priority, and it may be remembered that originally classroom discipline was difficult to maintain, relationships between classmates were tense, and students persistently demanded assurance and support from the instructors. The report on this initial special study, "Some Dimensions of Adult Status," was published in May 1966. The difficulty was attributed to the rapid, and long term, full time change from adult to student status, with all its implications. On the basis of these findings, a number of changes and modifications were introduced into the school procedure (applied research) which went some way to meeting some of the requirements of adult status. Such minor things as not posting the examination results and alerting the staff to be inordinately careful about judgmental comments were and are important. It remains that these adults *are* students. To a large extent the outward behavioural symptoms have disappeared but the continuing research verifies the fact that the problem has not disappeared; it is merely under control. It is often suggested that the first class was unique because its students felt that they were under close scrutiny, the staff was moving in uncharted areas, and there was a great deal of public interest in the project. Further, the extreme behavioural symptoms have not been apparent since the first year of the first class. The replies and comments of the students on the questionnaires, which have here been transformed into impersonal quantitive data, say exactly the same things that the first class communicated. A few quotations from the 1968 questionnaires may illustrate the point:

"It is very difficult for a woman who has had the security of a home and family for years to be thrust into a completely strange environment where she is not the master."

"Rapid changes take me time to get adjusted to situations, this makes me feel quite inadequate."

". . . to have to tell my team leader I don't know how and will have to have my instructor come to show me, really gave me an inferiority complex."

"There is a lot to be said for the word 'homemaker.' You had a respected status from your husband that no 'career girl' is going to get."

"When looking forward to a ward experience and then being received and treated very indifferently by the staff seems to have a great devastating effect on me. Also the attitude of individual instructors will influence me greatly."

"Discouragement with nursing came during my second year when I felt that this great ideal of nursing was not what I thought . . . It was a really bad week and I really wondered at the time just how professional nursing was, and would the profession ever raise itself above petty problems."

"I find it very disturbing to have someone looking over my shoulder waiting to criticise or who feels obligated to find fault with everything. It is very difficult to develop self-confidence under the circumstances. I think it is much more effective to offer praise when warranted and to discuss areas needing improvement."

But hopefully sooner or later a number of positive experiences will come the way of the student:

"I came to be more realistic about myself. To see how much good a simple activity like a back-rub can do to make people feel better is encouraging – especially if you can give a good back-rub. To know that you have been able to make a difficult time a little bit easier for someone else is gratifying!"

On the basis of comments of this sort and self ratings, it is clear that a large group still lacked self-confidence at the end of their second year, and well on into their professional career. (To what extent this problem plagues the teenaged girl, of course, is not known).

There seem to be two directives stemming from this aspect of the research. First, it must be made clear to the students that the problems lie in the broader structure of society and the expectations that adults have. It is not a question of personal inadequacy, the problem is built into the structure of society, work and school. Second, the nursing and instruction staff have a major responsibility to take this into account. Unusual vigilance is necessary; the students are not ordinary mortals, but mature women. The least public reprimand, even when thoroughly deserved, may well produce a "severe lack of confidence" student, even in her second year.

Appendices

APPENDIX A

Why Quo Vadis?

When the Committee on Nursing Service and Education of the Catholic Hospital Conference of Ontario met to launch what became the Quo Vadis Project, there was agreement that the study ought to have a name which would be distinctive, but not cumbersome. It was noted that Sister M. Francis de Sales, Director of St. Michael's Hospital School of Nursing, in preparing the Agenda for the meeting had written at the bottom "Quo Vadis" – thus indicating very clearly that the study was to be concerned with the future of the schools of nursing; that solutions were to be sought and not imposed. The Latin words "Quo Vadis" (Where are you going?) seemed to describe the study very clearly and the project was promptly named The Quo Vadis Project.

When the idea for the new school was proposed, it not only seemed appropriate to use the name of the Project which had led to its establishment, but the phrase itself seemed applicable. The school was set up to challenge and to channel the energies of those who had ability and talent, but who were not using it. The school might well be saying to its potential applicants, "What are you doing to realize your potential? How are you using your talents? *Where are you going*?"

The expression 'Quo Vadis' has long been in vogue in English literature. It is probable that it gained currency in 1896 with the publication of the novel *Quo Vadis* written by the Polish author Henryk Sienkiewicz. In chapter LXIX the author tells of how the Apostle Peter decided to leave Rome because of the suffering and martyrdom of so many Christians. In the company of the boy, Nazarius, Peter was walking along the famed Appian Way when the sun moved down from the sky and advanced on the road in front of him. Peter asked his companion –

"Seest thou brightness approaching us?"

"I see nothing," replied Nazarius.

But Peter shaded his eyes with his hand, and said after a while –

"Some figure is coming in the gleam of the sun."

But not the slightest sound of steps reached their ears. It was perfectly still all around. Nazarius saw only that the trees were quivering in the distance, as if some one were shaking them, and the light was spreading more broadly over the plain. He looked with wonder at the Apostle.

"Rabbi! what ails thee?" cried he, with alarm.

The pilgrim's staff fell from Peter's hands to the earth; his eyes were looking forward, motionless; his mouth was open; on his face were depicted astonishment, delight, rapture.

Then he threw himself on his knees, his arms stretched forward; and this cry left his lips –

"O Christ! O Christ!"

He fell with his face to the earth, as if kissing some one's feet.

The silence continued long; then were heard the words of the aged man, broken by sobs –

"Quo Vadis, Domine?"

Nazarius did not hear the answer; but to Peter's ears came a sad and sweet voice, which said –

"If thou desert my people, I am going to Rome to be crucified a second time."

The Apostle lay on the ground, his face in the dust without motion or speech. It seemed to Nazarius that he had fainted or was dead; but he rose at last, seized the staff with trembling hands, and turned without a word toward the seven hills of the city.

The boy, seeing this, repeated as an echo –

"Quo Vadis, Domine?"

"To Rome," said the Apostle in a low voice.

And he returned.

* * *

The book concludes –

'Near the ancient Porta Capena stands to this day a little chapel with the inscription, somewhat worn: Quo Vadis, Domine?'

APPENDIX B

The Planning Committee

The following were either members of the Planning Committee (*) of the School, or were consulted regarding its development.

Miss Carol Adams, Director of Education, Registered Nurses Association of Ontario

* Mrs. Mary Crawford, Reg.N., B.Sc.N., Director of Education, St. Joseph's Hospital School of Nursing.

Miss Edith Dick, Nursing Branch, Ontario Department of Health.

Monsignor J. Fullerton, Chairman of the Board, St. Joseph's Hospital.

* Mrs. Jean Good, B.A., Consultant on Aging.

Dr. Oswald Hall, Sociologist, University of Toronto.

* J. P. Harshman, B.A., M.D. (Opthalmologist), Medical Staff, St. Joseph's Hospital.

* Gordon Hawkins, M.V.O., Adult Educationalist.

Mrs. Ross Hossack, Y.W.C.A.

* Bernard Kelly, B.A., Barrister; O'Driscoll, Kelly & McRae.

Dr. C. E. Knowlton, Chief of Staff, St. Joseph's Hospital.

Prof. Rex A. Lucas, Sociologist, University of Toronto.

* Mrs. Lawrence E. Lynch, L.M.S., Ph.D.

* Claude Macdonald, B.A., M.D., F.R.C.S. (C), Surgical Staff, Scarborough General Hospital.

* Rev. Sister Marion, C.S.J., Reg.N., B.Sc.N., Director, St. Joseph's Hospital School of Nursing.

* Rev. Sister Mary Francis, C.S.J., Administrator, St. Joseph's Hospital.

L. S. Mautner, M.D., Medical Staff, St. Joseph's Hospital.

* Very Rev. John A. O'Mara, J.C.L., Representative of the Bishops to the Catholic Hospital Conference of Ontario. (Chairman of the Planning Committee)

* Rev. C. E. McQuire, S.J., Director, Catholic Labour School.
* Miss Catherine D. McLean, M.S.W., Co-ordinator, Quo Vadis Project, Catholic Hospital Conference of Ontario. (Secretary of the Planning Committee)
  Miss Dorothy Percy, Nursing Consultant, Federal Department of Health.
  Miss Dorothy Riddell, Nursing Branch, Ontario Department of Health.
  Rev. P. Riffel, S.J., Head of the Department of Psychological Services, St. Michael's Hospital.
  Miss Marion Royce, Head of the Women's Bureau, Federal Department of Labour.
* Rev. Sister M. de Sales, C.S.J., Reg.N., B.Sc.N., Director, St. Michael's Hospital School of Nursing.
  Miss Gladys Sharpe, Senior Nursing Consultant, Ontario Hospital Services Commission.
  J. R. Shooter, M.A., Department of Psychological Services, St. Michael's Hospital.
* Harry G. Steen, Q.C., Barrister; Hughes, Amys, Steen & Wigle.
* Alan M. Thomas, Ph.D., Director, Canadian Association for Adult Education.
  Dr. Muriel Uprichard, Educational Psychologist, University of Toronto, School of Nursing.
  Miss Jean Watt, Executive Director, College of Nurses of Ontario.
* Miss Naomi Walsh, Reg.N., B.Sc.N., Clinical Instructor, St. Michael's Hospital School of Nursing.

APPENDIX C

Psychological Tests

The following is an excerpt from the first progress report of the School. The program outlined here is essentially the same as that followed throughout the first five years.

The selection of the tests and the assessment of psychological characteristics was carried out under the supervision of the Psychological Services Department of St. Michael's Hospital, Toronto. Mr. J. R. Shooter of this Department has been Consultant Psychologist to the school over the past twelve months and has also lectured in Psychology to the students. The following report has been prepared by him.

A. *An evaluation of the instruments used in the psychological assessment of candidates.*

The group from which this particular class was chosen was, of necessity, highly heterogeneous in composition. Thus, factors such as chronology, educational differences, cultural and racial differences, all contributed to this group's high level of variability. As has been indicated previously, each candidate had to satisfy minimum entrance requirements. However, it was apparent that in making an assessment from the educational and intellectual viewpoint, it was highly desirable to have some reasonably objective and culturally free assessment of intellectual functioning. Because of the length of time between high school graduation and the present for many of these candidates, it was deemed necessary to have a purely intellectual assessment without reference to any of the social-cultural-racial factors that frequently play a part in the majority of most intellectual assessments. For this reason, a measuring device was used which had as its basis the concept of a non-cultural non-academic assessment of intellectual processes. The particular test that was used was the Ravens' Progressive Matrices, developed by J. C. Ravens at the University of London, England. This particular test attempts to measure the conceptual and abstract functioning that is presumed to be fundamental to the logical reasoning processes. By this technique it is possible to make an assessment of the intellectual process without reference to any variable or cultural functioning.

The necessity for an intellectual assessment is, of course, obvious inasmuch as we have statistical evidence to suggest the probability of success that a general student will experience in a course such as this taken with reference to the level of intelligence.

While the assessment of intelligence is considered to be of pre-eminent importance in this type of selection, other aspects are equally important. This is especially true in a group such as we have. Thus the personality factors – all other things being equal – are probably as important in this evaluation as any other aspect of functioning. While there are many personality techniques available, it was decided to use the present instrument because it was felt that this particular device would furnish the greatest amount of and most reliable information concerning personality functioning.

The MMPI, i.e. the Minnesota Multiphasic Personality Inventory, has a wide use in the areas of clinical and counselling psychology. This particular test requires that a given individual have a certain intellectual ability and fluency in the English language. The information obtained from this reaches to eleven personality variables. Well-established normal patterns have been produced where a high level of emotional maturity is presumed to exist, and thus any one individual performance could be compared to the normal pattern, in order to determine – if any – the degree of invariance that might exist between a given normal rating of a personality characteristic between student performance and the average population profile. It was assumed that a personality assessment using this technique would give an additional 'bit' of information concerning the personality functioning of any one applicant.

While a successful student must meet the minimum requirements of the College of Nurses, it was felt that an independent, reasonably objective assessment of academic achievement would be highly desirable. Thus, it was decided to use the highly-rated College Qualification Test. This particular test has been extensively standardized for many sub-populations, one such group being Freshman nursing students. Hence, it was possible to compare each candidate's academic achievement as it related to the performance of a normally distributed sub-population of Freshman student nurses. The CQT test gives six aspects of academic achievement. These are: assessment of abilities in the (1) physical sciences; (2) social sciences; (3) combined physical and social sciences; (4) verbal functioning; (5) mathematical ability; and (6) total CQT performance. With this information, it was assumed that the school would have a fair idea of the *present* level of achievement as it relates to these academic areas. This particular group, of course, cannot be assumed to be a normal class of Freshman nurses from many points of view, and this is particularly so in relation to the amount of academic information that naturally is no longer part of their general information. This particular body of facts is important to know in order to determine the extent to which remedial procedures might be required and the extent to which

certain pedagogical proceedings would have to be altered in order to conform to the reality situation that exists in this area of the intellectual life of the student.

The fourth area of investigation was autobiographical in nature. Thus, each student had to complete a questionnaire appropriate to the kinds of information that the school required in order to make as honest an evaluation of the student as possible. In the initial assessment process, this questionnaire was used by the counsellors as a basis for interviewing, which was considered an integral part of the psychological assessment of each student.

B. *Some psychological characteristics of the candidate tested for the first class.*

Seventy-five students were assessed.[1] It was decided to examine the performance of these in relation to their acceptance or non-acceptance into the school. Thus, for comparison purposes, there are two groups: Group A – the accepted one with a N of 32, and a non-accepted group – Group B – with a N of 45.

Intellectual assessment

Table A shows the means, medians, and ranges of intelligence for the two groups. The mean for Group A is 131; the median is 130; and the range is 103-140. For Group B, the mean and median are 115; and the range is 89-138.

TABLE A

Mean, median, and range of intelligence for Groups A and B

Group	Mean	Median	Range
A	131	130	103-140
B	115	115	89-138

In order to provide a clearer picture of the distribution of intelligence for the two groups, a histogram (Fig. 1) was done to show the intelligence distribution of the two groups. These figures indicate that the intellectual ability of the accepted group is considerably higher than that of the non-accepted, and that the homogeneity of intelligence is much greater in the acceptable group than in the non-acceptable. While it was assumed that a certain intellectual level is essential for success in a course of this nature, very few of the candidates were rejected solely on intellectual grounds, and a candidate of superior intellectual ability was not automatically accepted. Once again in many instances a rejection was deemed desirable because of other factors and findings, even though the intelligence of an individual was of a very high order.

Achievement level

As indicated previously, standardized information has been obtained for various groups on the CQT, one such being Freshman nursing students. Thus it was decided to compare the performance of this particular group with the normal distribution of first year nursing students. As Table B indicates, both groups obtained certain percentile ratings in relation to a normal population of entering student nurses. In comparing Groups A and B, it was seen that in each of the factors assessed, the acceptable group scored considerably higher than the non-acceptable group.

TABLE B

Percentile standings of Groups A and B on the College Qualification Test, compared to a standardized sub-population of first year nursing students

Group	Physical Sciences	Social Sciences	Total Science	Verbal	No.	Total
A	50	25	25	90	20	50
B	25	10	15	75	10	35

[1] Two of the seventy-seven candidates who wrote the tests did not return for their interviews and were, therefore, not assessed.

It is also to be noted that both groups did relatively poorly in some areas when compared with the average nursing school candidate. Thus, in Group A we find that in total scientific knowledge, it stands at the 25th percentile, i.e. in the bottom quarter of nursing students. Group B is as indicated. Similarly, in mathematics the standing of both groups is abysmally low in comparison with the normal sub-population. Thus, these two pieces of objective evidence concerning academic levels are of considerable interest to the school in relation to the expectancies that might be made initially from the students in relation to the aspects of their courses that were concerned with mathematical concepts and basic scientific information. It was assumed, and the staff was so informed, that in these two areas the entering class would have considerable difficulty in the first three or four months of their training and that the normal expectancies, academically speaking, could not be applied in this instance. This professional opinion, however, was confined to these areas only, as generally speaking this particular class is more than usually favoured in its potential ability to assimilate the information presented to them during lectures. This statement is made on the basis of the very high verbal standing that was shown to be characteristic of the acceptable group. As is shown in Table B, they stood in the 90th percentile in relation to the sub-population concerned.

Because of the unusual discrepancy in the percentile ratings in the sciences and mathematics, it was decided during assessment to compare the candidates relative to one another in these two areas; inasmuch as using any normal cut-off point would have amounted to denying acceptance to 95% of the candidates and thus a rank-order method was used to determine the relevant standing of any student to this group as a whole.

Personality Assessment

The personality configurations of the two groups show no overall differences when compared with a normal population of females. It should be emphasized, however, that these group norms are statistical in nature and of necessity are made up of wide ranges in any given personality factor. Looking at the two groups as such, there is evidence to suggest that both of them were more than usually defensive and apprehensive in their performance. Furthermore, the evidence suggests (from the K-scale) that they were both somewhat defensive in their response patterns and it is suggested that both groups wanted to appear in a very good light and intended to give the 'right' or 'expected' answers. It is seen that the accepted group were a little more prone to this than the non-accepted group. It should be emphasized, however, that neither groups as a whole has distorted their answers to the point where the particular personality profile would be considered invalid.

The figure presented here shows, of course, the statistical norm and are so presented in order to give a composite picture of the group. As can be readily appreciated, there was wide variation from this statistical norm and it should be emphasized that no candiate was chosen just because of her conformity to this average picture. The information that we present here is the sum of the findings that we gathered from the group and after each individual member had been chosen on her own merits. And of course there were many other factors that entered into the selection of a given candidate. As an example, except in a few instances, the I.Q. of the candidate was not automatically a bar to entrance into the school. Likewise, a very high intelligence ability did not automatically mean acceptance. As in any selection procedure of this nature, the information obtained from the psychological assessment was but *one* source of information that was used in the final selection of a given candidate. Inasmuch as this is the initial group, and the techniques that were originally decided upon have now been

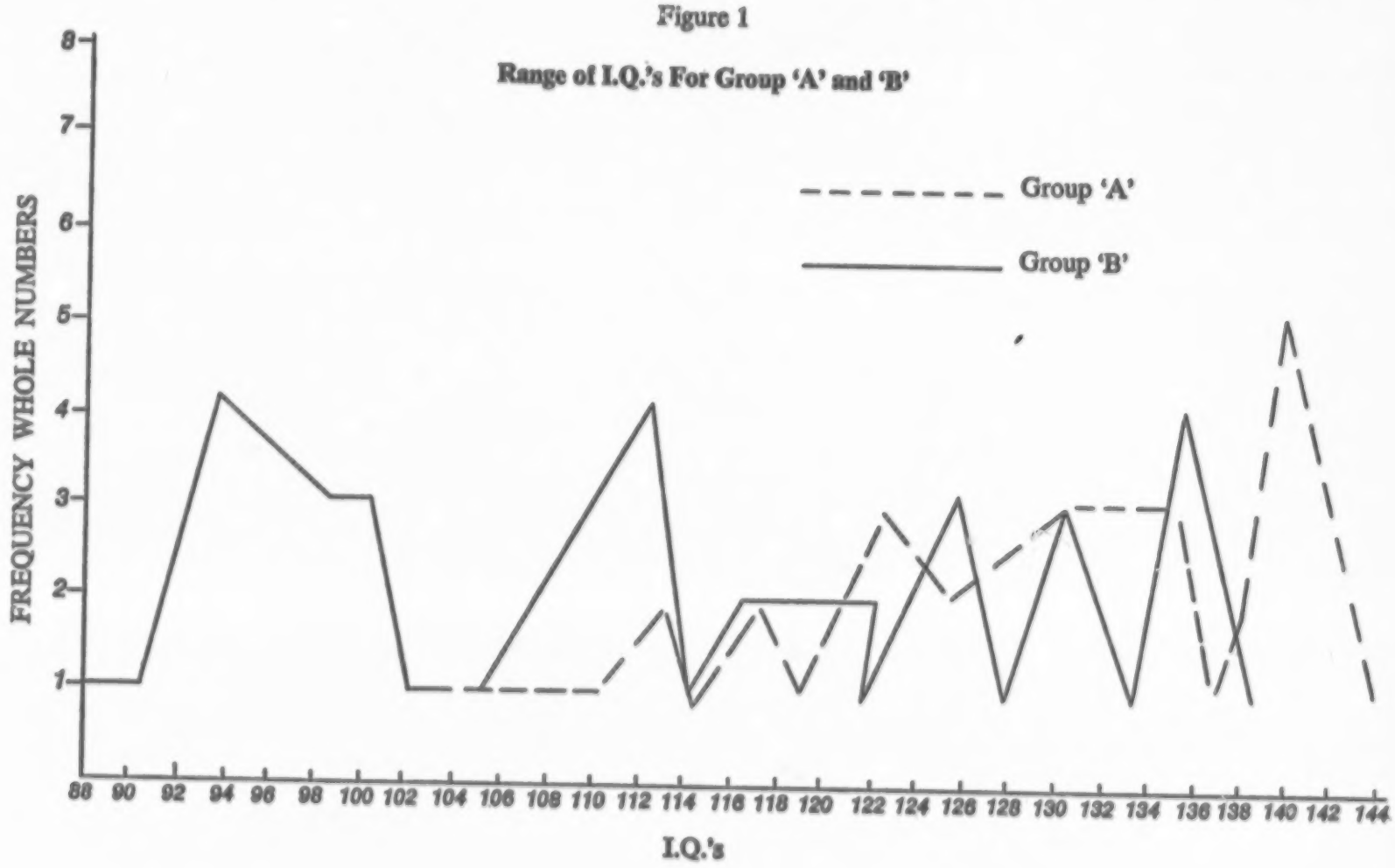
tentatively evaluated, it is normal practice to re-evaluate the particular psychological tests involved. In the light of our experience and in the extensive amounts of information that we have on this first class, there will be some minor revisions in the testing procedures for subsequent classes, with the possibility of substituting another technique for the personality inventory used in this initial psychological investigation of the Quo Vadis nursing school candidates.

J. R. Shooter, M.A.
Consultant Psychologist

February 28, 1965.

Figure 1

Range of I.Q.'s For Group 'A' and 'B'



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